STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966182	**03/26/2019**
NAME OF PROVIDER OR SUPPLIER **CASA MARISA II ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2930 SW 114 AVENUE** **MIAMI, FL 33165**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On , , a biennial standard re-licensure survey was conducted at Casa Marisa II, Inc with a Limited Mental health component. Deficient practice was identified during survey:

0151 - Physical Plant - Existing Facilities - 58A-5.023(2) FAC

Based on observations and record review, the facility failed to ensure compliance with the rule or building code in effect at theme of it's licensure.

Findings included:

On at 6:55 AM, observed that in order to get to # where he lived, the male resident had to walk through # because his room did not have another access.

On at 7:00 AM Staff C stated that the resident in # did not mind to have the resident living in # to be walking through.

A review of the facility's floor plan showed that this area was identified as a garage.

Class III