

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942941	(X3) DATE SURVEY COMPLETED R 04/10/2019
NAME OF PROVIDER OR SUPPLIER CASA MARISA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7435 SW 23 STREET MIAMI, FL 33155	

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

0000 - Initial Comments

A second revisit to a complaint investigation (complaint #2018012582) was conducted at Casa Marisa ALF, Inc. on April 09, 2019. The facility had no deficiencies identified at the time of the survey.