STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942941	**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 re-licensure survey was conducted at Casa Marisa Assisted Living Facility on . A deficiency was identified at the time of the survey.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a clean, comfortable living environment to one of six sampled residents (Resident 6).

Findings included:

On , , at 7:50 AM, observed Resident 6's bedroom unkept, with debris and dishes laying around. The room had a foul odor. Observed the interior of the refrigerator dirty with an unwashed cup and a container full of a substance resembling used lard lard. On top of a table, observed two used plates with leftovers from the previous day.

On , , at 7:50 AM, Resident 6 stated that the facility cooked for him and that he eat inside the room all the time except for sometimes that he would eat at the dining table with the other residents.

Review of Resident 6's record showed an admission date , supervision on all activities of daily living with documentation dated stating"Resident is stable... He needs to be more organized and clean in his room." Another note dated stated "Resident is doing well. Very independent. Needs help to organize his stuff because he is disorganized."

On , , at 12:35 PM, the Administrator stated, "He is like that; he does not want us to do certain things for him. He showers every day; he wants to prepare his food and cook himself.

Class III