

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/06/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968918	(X3) DATE SURVEY COMPLETED 10/23/2015
NAME OF PROVIDER OR SUPPLIER MACARENA ASSISTED LIVING FACILITY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8000 SW 88 ST MIAMI, FL 33156	

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

0000 Initial Comments

A Initial Survey was conducted on 10/23/15. Macarena Assisted Living Facility, Inc. A recommendation will be sent to the licensure unit for a standard license with a capacity of 6 beds with Limited Mental Health component.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 6, 2015

Administrator
Macarena Assisted Living Facility, Inc
8000 Sw 88 St
Miami, FL 33156

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on October 23, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

A handwritten signature in dark ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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