STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968918	R **05/08/2018**
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 monitoring fourth revisit survey was conducted on 04/25/18 and concluded on 05/08/18. Macarena Assisted Living Facility, license #12764, with limited mental health component had deficiencies identified at time cited under the Change of Ownership survey.