STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968918	R **07/19/2018**
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 Standard Biennial 2nd Revisit survey was conducted on 07/19/2018. Macarena Assisted Living Facility, Inc. with Limited Mental Health component, license #12764 had deficiencies cited under the change of ownership survey.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Cited under the change of ownership survey, event id OS2O12.