

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968918	(X3) DATE SURVEY COMPLETED R 01/23/2019
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 Standard Biennial 3rd revisit monitoring survey desk review on 01/23/2019 for Macarena Assisted Living Facility, Inc.		