

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966763	(X3) DATE SURVEY COMPLETED R 07/25/2017
NAME OF PROVIDER OR SUPPLIER MACHIN 1 ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 18111 SW 143 COURT MIAMI, FL 33177	

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

0000 - Initial Comments

A Standard Biennial survey revisit was conducted on 07/25/2017. Machin 1 ALF INC (AL10909) with standard license had no deficiencies found at time of the survey.