

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967920	(X3) DATE SURVEY COMPLETED 03/27/2018
NAME OF PROVIDER OR SUPPLIER MACHIN 2 ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15863 SW 150 TERRACE MIAMI, FL 33196	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey was conducted on 03/20/2018 and concluded on 03/27/2018 Machin 2 ALF, Inc. (license #11935) had no deficiencies identified found at the time of the survey.		