

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967920	(X3) DATE SURVEY COMPLETED R 03/20/2018
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 Complaint (CCR# 2017012951) Revisit Survey was conducted on 03/20/2018. Machin 2 ALF, Inc. (license #11935) had no deficiencies identified at the time of the survey: