

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968918	(X3) DATE SURVEY COMPLETED 05/15/2018
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 Complaint Survey (CCR# 2018004140) was conducted on 04/25/18 and concluded on 05/15/18. Macarena Assisted Living Facility, Inc. with Limited Mental Health component, license #12764 had deficiencies at time of the survey cited under the Change of Ownership survey.		