

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968918	(X3) DATE SURVEY COMPLETED R 09/18/2018
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 Change of Ownership Second Revisit Survey was conducted on 09/18/2018. Macarena Assisted Living Facility, Inc. with Limited Mental Health component, license #12764 had no deficiencies at the time of the survey.		