STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966763	R **12/03/2018**
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 Complaint (CCR #2018010021) Survey Revisit was conducted on 12/03/2018. Machin 1 ALF Inc. had no deficiencies identified at the time of the survey.