

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966965	(X3) DATE SURVEY COMPLETED R 02/28/2019
NAME OF PROVIDER OR SUPPLIER SARRIA MACHIN ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 13206 SW 218 TERRACE MIAMI, FL 33170	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Change of Ownership Revisit Survey was conducted on 02/27/2019 and concluded on 02/28/2019. Sarria Machin ALF had no deficiencies identified at the time of the survey.		