STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968667	R **02/27/2019**
NAME OF PROVIDER OR SUPPLIER **M TRIANAS ALF, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9024 SW 21 TERRACE** **MIAMI, FL 33165**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Survey second revisit was conducted on February 27, 2019. M Trianas ALF, Corp. had no deficiencies identified at the time of the survey.