

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953627	(X3) DATE SURVEY COMPLETED R 02/01/2017
NAME OF PROVIDER OR SUPPLIER RAINBOW HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3302 NW 2 AVENUE MIAMI, FL 33127	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint Survey (CCR #2016008374) second revisit was conducted on 02-01-2017 at Rainbow Home Care with Limited Mental Health license (Lic# 8623) . The previous deficiencies were corrected at the time of the survey.		