

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965980	(X3) DATE SURVEY COMPLETED 02/02/2017
NAME OF PROVIDER OR SUPPLIER RAFFA CORP II	STREET ADDRESS, CITY, STATE, ZIP CODE 15032 SW 55 TERRACE MIAMI, FL 33185	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on February 02, 2017. Raffa Corp II License #10271 had no deficiencies identified at time of the survey.