STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964521	R **06/01/2017**
NAME OF PROVIDER OR SUPPLIER **RAINBOW PLACE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **522 SOUTH RAINBOW DRIVE** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

A monitoring revisit was conducted by desk review for Rainbow Place, Inc Assisted Living Facility, License #9052 on 06/01/2017. All of the outstanding deficiencies were found corrected at the time of the desk review.