

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966416	(X3) DATE SURVEY COMPLETED R 06/01/2017
NAME OF PROVIDER OR SUPPLIER REBECCA'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 6711 NW 46TH COURT LAUDERHILL, FL 33319	

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

0000 - Initial Comments

A desk review survey was conducted on 06/01/2017 at Rebecca's House, License #10610. The facility had no deficiencies at the time of the survey.