

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965432	(X3) DATE SURVEY COMPLETED R 08/30/2017
NAME OF PROVIDER OR SUPPLIER RAINBOW GARDENS ALF #2	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 NE 182 STREET MIAMI, FL 33162	

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

0000 - Initial Comments

A Complaint (CCR #2017004477) Revisit Survey was conducted on 8/30/17. Rainbow Gardens ALF #2 with a Standard License #9809 had no deficiencies found at the time of the survey.