

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965882	(X3) DATE SURVEY COMPLETED R 10/16/2017
NAME OF PROVIDER OR SUPPLIER RAINBOW HEIGHTS HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1430 NW 35 STREET MIAMI, FL 33142	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey Second Revisit was conducted on October 16, 2017. Rainbow Heights Home Care, Inc. (license #10187) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey under the component.