

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964521	(X3) DATE SURVEY COMPLETED R 11/21/2017
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

An unannounced revisit to the Relicensure survey was conducted on 11/21/2017 at Rainbow Place, Inc (License # 9052). The facility had no deficiencies at the time of the visit.