

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/04/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965204	(X3) DATE SURVEY COMPLETED R 12/19/2017
NAME OF PROVIDER OR SUPPLIER RAFFA CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 13961 SW 75 STREET MIAMI, FL 33183	

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

0000 - Initial Comments

An abbreviated biennial revisit survey was conducted on 12/19/2017. Raffa Corp with standard license (license # 9688) had the no deficiencies identified at the time of the survey.