STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953627	**12/18/2017**
NAME OF PROVIDER OR SUPPLIER **RAINBOW HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3302 NW 2 AVENUE** **MIAMI, FL 33127**	

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

0000 - Initial Comments

A Complaint (CCR #2017011847) Survey was conducted on December 18, 2017. Rainbow Home Care (License #8623) with Limited Mental Health component had deficiencies identified at time of the survey survey cited under the biennial