

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965432	(X3) DATE SURVEY COMPLETED 12/14/2017
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 Survey (CCR #2017011849) was conducted on December 13, 2017 and concluded on December 14, 2017. Rainbow Gardens ALF #2 with a standard license (#9809) had deficiencies cited under the biennial.