

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964520	(X3) DATE SURVEY COMPLETED R 01/17/2018
NAME OF PROVIDER OR SUPPLIER RAINBOW GARDENS ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 1998 NE 178 STREET MIAMI, FL 33162	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on January 17, 2018. Rainbow Gardens ALF (license #9155) with Limited Mental Health component did not have deficiencies identified at the time of survey.