

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953627	(X3) DATE SURVEY COMPLETED R 02/21/2018
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 Standard Biennial Revisit Survey was conducted on February 21, 2018. Rainbow Home Care (License #8623) with Limited Mental Health component did not have deficiencies identified at time of the survey.