

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965407	(X3) DATE SURVEY COMPLETED R 06/07/2018
NAME OF PROVIDER OR SUPPLIER RAINBOW MANOR, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2075 RAINBOW DRIVE CLEARWATER, FL 33765	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY A follow-up was conducted on 6/7/18 to the 4/18/18 biennial survey at Rainbow Manor Assisted Living Facility. The previously cited deficiencies were found corrected via desk review.		