STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965882	R **07/17/2018**
NAME OF PROVIDER OR SUPPLIER **RAINBOW HEIGHTS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1430 NW 35 STREET** **MIAMI, FL 33142**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on July 17, ,2018. Rainbow Heights Home Care, Inc. (license #10187) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey.