

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/27/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965980	(X3) DATE SURVEY COMPLETED R 07/19/2018
NAME OF PROVIDER OR SUPPLIER RAFFA CORP II	STREET ADDRESS, CITY, STATE, ZIP CODE 15032 SW 55 TERRACE MIAMI, FL 33185	

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

0000 - Initial Comments

A Complaint (CCR #2018003713) Revisit Survey was conducted on 07/19/18. Raffa Corp. II (license #10271) did not have deficiencies identified at the time of the survey.