STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965204	R **09/06/2018**
NAME OF PROVIDER OR SUPPLIER **RAFFA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13961 SW 75 STREET** **MIAMI, FL 33183**	

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

0000 - Initial Comments

A Monitoring Survey 2nd revisit was conducted on . . . . . Raffa Corp. (license #9688) had deficiencies identified at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on observation, record review, and interview, the facility failed to have proof of a satisfactory annual fire inspection.

Findings included:

Record review showed the most recent fire inspection done on . . . . . had one deficiency. The last satisfactory fire inspection was dated .

Interview conducted on at 10:15 AM, the Administrator confirmed that the most recent fire inspection had one deficiency.

Class III