

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965204	(X3) DATE SURVEY COMPLETED R 11/15/2018
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 (Generator) Revisit Survey was conducted on 11/15/2018. Raffa Corp. had no deficiencies identified at the time of the survey.