

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/14/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966416	(X3) DATE SURVEY COMPLETED R 02/08/2019
NAME OF PROVIDER OR SUPPLIER REBECCA'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 6711 NW 46TH COURT LAUDERHILL, FL 33319	

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

0000 - Initial Comments

An unannounced Relicensure second revisit survey was conducted by desk review on 02/08/2019 for Rebecca's House, License #10610. The previously cited deficiency was found corrected at the time of the survey.