STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965980	R **02/26/2019**
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 Follow Up Visit to a Standard Biennial Survey was conducted on 02/26/19. Raffa Corp II had no deficiencies at the time of the survey.