

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/13/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964520	(X3) DATE SURVEY COMPLETED 05/01/2014
NAME OF PROVIDER OR SUPPLIER Rainbow Gardens Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 1998 Ne 178 Street Miami, FL 33162	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Mental Health Expansion Survey was conducted on 05/07/2014. Rainbow Garden ALF did not request a Limited Mental Health component.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 14, 2014

Administrator
Rainbow Gardens Alf
1998 Ne 178 Street
Miami, FL 33162

Dear Administrator:

This letter reports findings of a state Limited Mental Health (LMH) Expansion survey that was conducted on May 1, 2014 by representative(s) of this office. (Facility did not request the Expansion).

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

IGGN

