

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/31/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968121	(X3) DATE SURVEY COMPLETED 07/17/2013
NAME OF PROVIDER OR SUPPLIER R And C Ultimate Care, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 2660 Se Westside Ave Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Biennial Survey was conducted on 07/17/2013. No deficiencies were identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 31, 2013

Administrator
R And C Ultimate Care, LLC
2660 Se Westside Ave
Palm Bay, FL 32909

RE: Biennial relicensure

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 17, 2013 by representative(s) of this office. 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 Lorraine Henry (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

IGGN

