

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/08/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963972	(X3) DATE SURVEY COMPLETED 05/17/2016
NAME OF PROVIDER OR SUPPLIER ROYAL OF KENDALL ACLF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12201 SW 93 STREET MIAMI, FL 33186	

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

0000 Initial Comments

A monitoring survey was conducted at Royal of Kendall ACLF Inc. on 05/17/2016 to check on the residents.