STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965682	**12/12/2016**
NAME OF PROVIDER OR SUPPLIER **ROYAL GREEN ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2011 SW 4 STREET** **MIAMI, FL 33135**	

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

0000 - Initial Comments

A Resident Wellness Monitoring Survey was conducted on December 12, 2016 at Royal Green ALF, Inc License #10020.