

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 05/18/2017  
FORM APPROVED**

|                                                                 |                                                                                      |                                                           |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11965682</b>          | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>05/08/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROYAL GREEN ALF, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2011 SW 4 STREET<br/>MIAMI, FL 33135</b> |                                                           |

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

**0000 - Initial Comments**

An Abbreviated Biennial Revisit Survey conducted on May 08, 2017. Royal Green ALF Inc with Limited Mental Health components had no deficiencies identified at time of the survey.