

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968121	(X3) DATE SURVEY COMPLETED R 06/07/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 06/07/2017. R and C Ultimate Care, LLC (License#12039) had no deficiencies at the time of the visit.