STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910384	R **09/01/2017**
NAME OF PROVIDER OR SUPPLIER **ROYAL CARE A.C.L.F., INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5081 DUNN ROAD** **FORT PIERCE, FL 34981**	

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

0000 - Initial Comments

An unannounced 2nd Revisit to complaint (CCR #2017000005) was conducted on September 1, 2017 at Royal Care A.C.L.F., Inc., License #7462. Previously cited deficiencies were found corrected.