

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966525	(X3) DATE SURVEY COMPLETED R 10/18/2017
NAME OF PROVIDER OR SUPPLIER ROYAL DESTINY HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3260 NW 179 STREET CAROL CITY, FL 33056	

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

0000 - Initial Comments

An Abbreviated Biennial Survey Revisit was conducted on October 18, 2017. Royal Destiny Home Care Llc. (AL#10731) had no deficiencies identified at the time of the survey.