STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964115	R **03/29/2018**
NAME OF PROVIDER OR SUPPLIER **ROYAL LIVING REST HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2926 SW 2 STREET** **MIAMI, FL 33135**	

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

0000 - Initial Comments

A Complaint (CCR# 2017011759) survey revisit was conducted on 03/29/2018. Royal Living Rest Home, Inc with Limited Mental Health component (license #12367) had no deficiencies identified at the time of the survey.