STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910384	R **12/10/2018**
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 Generator Monitoring revisit survey was conducted on 12/10/2018 at Royal Care A.C.L.F., Inc., License #7462. The previously cited deficiency was found corrected at the time of the survey.

An unannounced Relicensure second revisit survey was conducted in conjunction with the above Generator Monitoring revisit survey. Please see separate report for findings.