

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910384	(X3) DATE SURVEY COMPLETED 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 Relicensure second revisit survey was conducted on 12/10/2018 at Royal Care A.C.L.F, Inc, License #7462. The facility corrected all previously cited deficiencies.

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