STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964115	R **12/05/2018**
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

An Abbreviated Biennial Survey Revisit was conducted on December 05, 2018. Royal Living Rest Home with Limited Mental Health component had no deficiencies identified at the time of the survey.