STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968121	R **04/18/2019**
NAME OF PROVIDER OR SUPPLIER **R AND C ULTIMATE CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2660 SE WESTSIDE AVE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

A revisit to Complaint Investigation #2018017170 was conducted on 4/18/19. R and C Ultimate Care LLC. Assisted Living (License #12039) had no deficiencies at the time of the survey.