

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/28/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965682	(X3) DATE SURVEY COMPLETED 05/08/2019
NAME OF PROVIDER OR SUPPLIER ROYAL GREEN ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2011 SW 4 STREET MIAMI, FL 33135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A monitoring survey was conducted at Royal Green ALF, Inc. on 05/08/19. The provider had no deficiencies at the time of the visit.		