

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968121	(X3) DATE SURVEY COMPLETED 05/09/2019
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 re-licensure survey was conducted at R & C Ultimate Care LLC. Assisted Living Facility, (License #12039) on 5/9/2019. The provider had no deficiencies at the time of the visit.