STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968121	R **08/22/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
R AND C ULTIMATE CARE, LLC	**2638 AND 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 #2019005947 was conducted at R and C Ultimate Care on 08/22/2019. No deficiencies were found at the time of the visit.