Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	747985	05/16/2023
Name of Provider or Supplier	**Street Address, City, State**	
Kinesis Home Health Care Llc	1000 Heritage Center Circle Ste 160, Round Rock, TX	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0000	An Entrance Conference was conducted on 5/11/2023 at 9:40 a.m. with the Administrator/ Supervising Nurse and the Office Manager. The agency representatives were informed that the purpose of the visit was a recertification survey. The agency census was: Round Rock (Parent): Licensed &Certified Home Health Services- 23 Licensed Home Health Services-0 Personal Assistance Services-0 An Exit conference was conducted on 5/16/2023 at 12:25. p.m. with the Administrator, Alternate Administrator and Office Manager. The agency representatives were informed the agency was in substantial compliance with no deficiencies cited.