Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 747985	**(X3) Date Survey Completed** 05/21/2026
Name of Provider or Supplier Kinesis Home Health Care Llc	**Street Address, City, State** 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	A recertification was conducted on 5/19/2026. The census was: L&CHH: 36 LHH: 0 Abbreviations/Acronyms: L&CHH: Licensed and Certified Home Health LHH: Licensed Home Health The agency had no deficiencies cited.