Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	747985	05/21/2026
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)
G0000	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 OASIS: Outcome and Assessment Information Set HHA: Home Health Agency CMS: Centers for Medicare and Medicaid Services HHSC: Health and Human Services Commission OSHA: Occupational Safety and Health Administration DON: Director of Nursing MSW: Medical Social Worker