

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/16/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942977	(X3) DATE SURVEY COMPLETED 08/01/2013
NAME OF PROVIDER OR SUPPLIER Royal Sun Park	STREET ADDRESS, CITY, STATE, ZIP CODE 312 E 124 Ave Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A limited nursing services (LNS) monitoring visit was conducted on 08/01/13, in conjunction with CCR# 2013005810 and CCR# 2013007445.

Royal Sun Park, assisted living facility, had no deficiencies relative to the LNS monitoring visit. Deficiencies were cited relative to the complaint surveys.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 16, 2013

Administrator
Royal Sun Park
312 E 124 Ave
Tampa, FL 33612

Dear Administrator:

Re: CCR# 2013005890 & CCR# 2013007445

This letter reports the findings of two complaint surveys and a limited nursing services (LNS) monitoring visit that were conducted on August 1, 2013, by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

