

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965183	(X3) DATE SURVEY COMPLETED 10/02/2014
NAME OF PROVIDER OR SUPPLIER Regal Palms	STREET ADDRESS, CITY, STATE, ZIP CODE 300 Lake Ave N.E Largo, FL 33771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Complaint survey CCR #2014007449 conducted on 10/2/14 in conjunction with a Limited Nursing Services (LNS) monitoring.

Regal Palms had no deficiencies at the time of this survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 9, 2014

Administrator
Regal Palms
300 Lake Ave N.E
Largo, FL 33771

RE: CCR #2014007449 & LNS Monitoring Visit

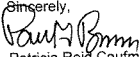
Dear Administrator:

This letter reports the findings of a complaint survey and Limited Nursing Services (LNS) completed on October 2, 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this 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 surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid-Caufman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

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