

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968596	(X3) DATE SURVEY COMPLETED 10/14/2014
NAME OF PROVIDER OR SUPPLIER Regal Park Assisted Living, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 1708 Ne 4th Street Boynton Beach, FL 33435	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

Unannounced licensure complaint surveys, CCR#2014008483 and CCR#2014008878, were conducted on October 13 and 14, 2014 at Regal Park Assisted Living. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 4, 2014

Administrator
Regal Park Assisted Living, Inc
1708 Ne 4th Street
Boynton Beach, FL 33435

RE: CCR #2014008483 and 2014008878

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 14, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure

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