

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965183	(X3) DATE SURVEY COMPLETED 05/15/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2015002415, was conducted on 5/14/15 & 5/15/15, in conjunction with a biennial state licensure survey with limited nursing services (LNS).

The Regal Palms, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 22, 2015

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

RE: CCR# 2015002415

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 15, 2015, 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 **Teresa Ryan**, RNC, at (727) 552-2000.

Sincerely,


for Patricia Reid Oaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

