

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/25/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942977	(X3) DATE SURVEY COMPLETED 01/08/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility Complaint

A complaint investigation (CCR# 2015013111) done in conjunction with a biennial relicensure survey was conducted at Royal Sun Park Assisted Living Facility on 1/08/16. Royal Sun Park, Assisted Living Facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 22, 2016

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

RE: Biennial & CCR# 2015013111

Dear Administrator:

This letter reports the findings of a biennial state licensure survey and a complaint survey completed on January 8, 2016, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating no deficiencies were identified during these surveys.

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,


Patricia Reid Callman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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