

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X3) DATE SURVEY COMPLETED 01/06/2017
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NAME OF PROVIDER OR SUPPLIER REGAL PARK ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1708 NE 4TH STREET BOYNTON BEACH, FL 33435
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure Complaint investigation, CCR #2016012570 was conducted on January 6, 2017 at Regal Park Assisted Living, Inc. (License #12470). The facility had no deficiencies identified at the time of the investigation.

This complaint investigation was conducted in conjunction with a revisit to a complaint investigation completed 10/13/16. Please refer to the separate report for the findings.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 20, 2017

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

RE: CCR #2016012570

Dear Administrator:

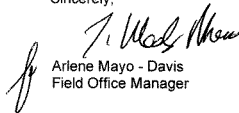
This letter reports the findings of a Complaint Survey completed on January 6, 2017 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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