STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910140	**02/08/2017**
NAME OF PROVIDER OR SUPPLIER **ROYAL GARDENS OF ST. CLOUD, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4511 NEPTUNE ROAD** **SAINT CLOUD, FL 34769**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A re-licensure biennial survey was conducted on 2/8/2017. Royal Gardens of St. Cloud, LLC. Assisted Living Facility (License# 5555) had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 9, 2017

Administrator
Royal Gardens Of St. Cloud, Llc
4511 Neptune Road
Saint Cloud, FL 34769

RE: Relicensure survey

Dear Administrator:

This letter reports findings of a relicensure survey that was conducted on February 8, 2017 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call Theresa DeCanio at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TD:anc
Enclosure

1GGN

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com