STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965183	R **04/14/2017**
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

A Revisit Survey was conducted on 4/14/17 for Regal Palms. The deficient practice previously cited on 3/3/17 was corrected during the review. License # 9570.