

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968869	(X3) DATE SURVEY COMPLETED 05/01/2017
NAME OF PROVIDER OR SUPPLIER REGENCY PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 15000 HWY 441 EUSTIS, FL 32726	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On May 1, 2017, an Extended Congregate Care (ECC) Monitoring Survey was conducted at Regency Park Assisted Living Facility (License #12750). No deficient practices were identified.		