STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965183	**05/09/2017**
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

An unannounced Biennial licensure survey with Limited Nursing Services was conducted on 5/8/18-5/9/17.

The Regal Palms, Assisted Living Facility /License #9570, had no deficiencies at the time of this visit.