STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942977	**05/12/2017**
NAME OF PROVIDER OR SUPPLIER **ROYAL SUN PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **312 E 124 AVE** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

A limited nursing services (LNS) monitoring visit was conducted on 5/12/17. Royal Sun Park ALF had no deficiencies identified at the time of the visit.