

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X3) DATE SURVEY COMPLETED R 06/02/2017
NAME OF PROVIDER OR SUPPLIER REGAL PARK ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1708 NE 4TH STREET BOYNTON BEACH, FL 33435	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A desk review revisit to the complaint survey (CCR #2017002960) was conducted on 05/30/2017 and 06/02/2017 for Regal Park Assisted Living, License # 12470. The facility had no deficiencies at the time of the visit.		