

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X3) DATE SURVEY COMPLETED 12/15/2017
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 An unannounced licensure complaint survey, CCR#2017009285 was conducted on November 30th and December 15th, 2017 at Regal Park Assisted Living Inc., License #12470. The facility had no deficiencies identified at the time of the investigation.		