STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968869	R **12/27/2017**
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 12/27/2017 an unannounced follow-up survey to the biennial licensure survey on 10/26/2017 was conducted at Regency Park Assisted Living Facility (License # 12750), Eustis, FL. No deficient practice was identified at the time of the survey and all previous citations cleared.