

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/20/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X3) DATE SURVEY COMPLETED 01/24/2018
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# 2017015715, was conducted on 01/22/18-01/24/18 at Regal Park Assisted Living, License # 12470. The allegation was not substantiated. The facility had no deficiencies related to the complaint allegation.