

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942977	(X3) DATE SURVEY COMPLETED R 02/19/2018
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 Revisit Survey was conducted on 2/19/18 for Royal Sun Park. The deficient practice previously cited on 12/21/17 was corrected during the review. License #6124		