STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968869	**05/16/2018**
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 05/16/2018 an Extended Congregate Care Monitoring survey was conducted at Regency Park Assisted Living Facility. No deficiencies were found during survey.