STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968869	**10/12/2018**
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 October 12, 2018, an unannounced complaint investigation (CCR #2018013804) survey was conducted at Regency Park Assisted Living Facility (License # 12750), Eustis, FL. No deficient practice was identified at the time of the survey.