STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968869	R-C **04/30/2019**
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

A follow-up to bed increase survey was conducted by desk review for Regency Park Assisted Living Facility on April 30, 2019. Deficiencies were found to be corrected at the time of the survey.