STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942977	**06/04/2019**
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

A monitoring visit for compliance with emergency power plan was conducted at Royal Sun Park ALF (assisted living facility) on 6/4/19. The facility had no deficiencies at the time of the visit.