STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965183	**06/13/2019**
NAME OF PROVIDER OR SUPPLIER **REGAL PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **300 LAKE AVE N.E** **LARGO, FL 33771**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Biennial Survey with Limited Nursing Services was conducted at Regal Palms Assisted Living Facility on 6/13/2019. Regal Palms Assisted Living Facility had no deficient practice identified at the time of the survey.