

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942977	(X3) DATE SURVEY COMPLETED 12/21/2017
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 Assisted Living Facility A complaint investigation, (CCR# 2017012912), was conducted at Royal Sun Park on 12/21/17, in conjunction with a biennial licensure survey with Limited Nursing Services (LNS). Royal Sun Park had no deficiencies at the time related to the complaint investigation. (License # 6124)		