

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/11/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953686	(X3) DATE SURVEY COMPLETED 12/02/2015
NAME OF PROVIDER OR SUPPLIER NEW PORT INN	STREET ADDRESS, CITY, STATE, ZIP CODE 6120 CONGRESS STREET NEW PORT RICHEY, FL 34652	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments Assisted Living Facility Complaint A complaint investigation (CCR# 2015009800) was conducted at New Port Inn on 12/02/15. New Port Inn, Assisted Living Facility, had no deficiencies at the time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 11, 2015

Administrator
New Port Inn
6120 Congress Street
New Port Richey, FL 34652

RE: CCR #2015009800

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 2, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,


for Patricia Reid Caulman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

