

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953686	(X3) DATE SURVEY COMPLETED 03/13/2017
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF NEW PORT RICHEY	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 A complaint investigation, (CCR# 2017002457), was conducted at Grand Villa of New Port Richey on 3/13/17. Grand Villa of New Port Richey, Assisted Living Facility, had no deficiencies at the time of the visit. (License # 4832)		