

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966353	(X3) DATE SURVEY COMPLETED 09/29/2017
NAME OF PROVIDER OR SUPPLIER VILLAS AT SUNSET BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 7423 KAUAI LOOP NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On September 29, 2017, a complaint survey, (CCR# 2017007109), was conducted at Villas at Sunset Bay. No deficiencies were identified at the time of the visit. (License # 10594)		