STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953686	**10/26/2017**
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

On 10/26/17, a limited nursing services (LNS) monitoring visit was completed at Grand Villa of New Port Richey. Deficient practice was not identified during the visit.

(License # 4832)