STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953686	R **01/19/2018**
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 desk review was conducted on 1/19/18 to the complaint survey, (CCR# 2017012273), of 12/19/17. At the time of the desk review, it was determined that the previously cited deficiency at Grand Villa New Port Richey, Assisted Living Facility, had been corrected.

(License # 4832)