STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910258	**01/29/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE NEW PORT RICHEY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6400 TROUBLE CREEK ROAD** **NEW PORT RICHEY, FL 34653**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

An unannounced LNS (Limited Nursing Services) monitoring visit was conducted in conjunction with a complaint survey, (CCR# 2017014542), on 1/29/18 at Brookdale New Port Richey, an Assisted Living Facility, (License # 6024), in New Port Richey, Florida.

No deficiencies were found at the time of the visit.