

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953686	(X3) DATE SURVEY COMPLETED 03/28/2018
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 (ALF) A Limited Nursing Services Monitoring visit was conducted in conjunction with a Complaint Investigation (CCR#: 2018002880) at Grand Villa of New Port Richey on 03/28/2018. Grand Villas of New Port Richey had no deficiency identified on the day of survey. (License#: 4832)		