STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953686	**07/12/2018**
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

On July 12, 2018, a biennial re-licensure survey in conjunction with a revisit to 5/22/18 complaint (CCR 2018005405) was conducted at Grand Villa of New Port Richey. There was no deficient practice related to the biennial survey.

(License #4832)