

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953686	(X3) DATE SURVEY COMPLETED R 08/29/2018
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 Second Revisit to a 05/22/18 Complaint Survey (CCR#: 2018005405) was conducted at Grand Villa of New Port Richey Assisted Living Facility on 08/29/18. Grand Villa of New Port Richey had no observed deficient practice at the time of the survey. (License#: 4832)		