| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910790** | **04/13/2015** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **SUMMIT AT NEW PORT RICHEY** | **5539 CHARLES STREET NEW PORT RICHEY, FL 34653** | |

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

**0000 - Initial Comments**

Assisted Living Facility

An abbreviated Biennial licensure survey was conducted on 4/13/15.

The Summit at New Port Richey Assisted Living Facility had no deficiencies found at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 22, 2015

Administrator
Summit At New Port Richey
5539 Charles Street
New Port Richey, FL 34653

Dear Administrator:

This letter reports findings of an Abbreviated Biennial state licensure survey that was conducted on April 13, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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