STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966301	**05/27/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SUN COAST RETREAT	**8151 TREELET COURT NEW PORT RICHEY, FL 34653**	

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

0000 - Initial Comments

Assisted Living Facility

A capacity increase was conducted in conjunction with an extended congregate care (ECC) monitoring visit on 05/27/15.

Sun Coast Retreat, assisted living facility, had no deficiencies at the time of the visit.

A recommendation for a capacity increase is being made at this time.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 27, 2015

Administrator
Sun Coast Retreat
8151 Treelet Court
New Port Richey, FL 34653

Dear Administrator:

This letter reports findings of an extended congregate care (ECC) monitoring visit and a capacity increase that were conducted on May 27, 2015, by representative(s) of this office. Attached are the provider's copies of the State (5000-3547) Forms, which indicate 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/kpr

Enclosures: State (5000-3547) Forms

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