STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968826	**05/22/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ANGELS SENIOR LIVING IN NEW PORT RICHEY	**6716 CONGRESS ST NEW PORT RICHEY, FL 34653**	

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

0000 - Initial Comments

Assisted Living Facility

An initial state licensure survey with extended congregate care (ECC) was conducted on 5/22/15.

The Angels Senior Living in New Port Richey, assisted living facility, had no deficiencies at the time of the visit.

A recommendation for a Standard license with extended congregate care (ECC) is being made at this time.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 29, 2015

Administrator
Angels Senior Living in New Port Richey
6716 Congress St
New Port Richey, FL 34653

Dear Administrator:

This letter reports the findings of an initial state licensure survey with extended congregate care (ECC) conducted on May 22, 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,

Paul Y Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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