

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 07/06/2015  
FORM APPROVED

|                                                                          |                                                                                                           |                                                     |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910258</b>                                 | (X3) DATE SURVEY COMPLETED<br><br><b>07/01/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE NEW PORT<br/>RICHEY</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>6400 TROUBLE CREEK ROAD<br/>NEW PORT RICHEY, FL 34653</b> |                                                     |

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

**0000 - Initial Comments**

Assisted Living Facility

A limited nursing services (LNS) monitoring visit was conducted on 7/1/15.

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

July 6, 2015

Administrator  
Brookdale New Port Richey  
6400 Trouble Creek Road  
New Port Richey, FL 34653

Dear Administrator:

This letter reports findings of a limited nursing services (LNS) monitoring visit that was conducted on July 1, 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*  
Patricia Reid Caulman  
Field Office Manager

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

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