

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/20/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953473	(X3) DATE SURVEY COMPLETED 12/23/2015
NAME OF PROVIDER OR SUPPLIER VILLA ROSE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 6753 CARPEL DRIVE NEW PORT RICHEY, FL 34653	

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

0000 Initial Comments

Assisted Living Facility

On December 22, 2015 an abbreviated biennial relicensure survey was conducted at Villa Rose Assisted Living Facility. Villa Rose Assisted Living Facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 20, 2016

Administrator
Villa Rose Assisted Living Facility
6753 Carpel Drive
New Port Richey, FL 34653

Dear Administrator:

This letter reports findings of a abbreviated biennial state licensure survey that was conducted on December 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,


Patricia Reid Guffman
Field Office Manager

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

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