

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/05/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966301	(X3) DATE SURVEY COMPLETED 03/30/2016
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NAME OF PROVIDER OR SUPPLIER SUN COAST RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 8151 TREELET COURT NEW PORT RICHEY, FL 34653
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

A complaint investigation (CCR# 2016001026) was conducted at Sun Coast Retreat on 3/28/16. Sun Coast Retreat, Assisted Living Facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 12, 2016

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

RE: CCR# 2016001026

Dear Administrator:

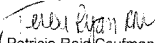
This letter reports the findings of a complaint survey completed on March 30, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Teresa Ryan, RNC**, at (727) 552-2000.

Sincerely,


Patricia Reid-Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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