AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953457	**04/12/2016**
NAME OF PROVIDER OR SUPPLIER **ELM TREE LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6205 VIOLA LANE NEW PORT RICHEY, FL 34653**	

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

0000 Initial Comments

Assisted Living Facility

On 4/12/16 at 9:00a.m. a monitoring visit for closure was conducted at Elm Tree Lodge, Assisted Living Facility. The facility closed October 2015.