

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/03/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968826	(X3) DATE SURVEY COMPLETED 11/01/2016
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR LIVING IN NEW PORT RICHEY	STREET ADDRESS, CITY, STATE, ZIP CODE 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 unannounced extended congregate care (ECC) monitoring visit was conducted at Angels Senior Living in New Port Richey on 11/1/16. Angels Senior Living in New Port Richey, Assisted Living Facility, had no deficiencies at the time of this visit.

(License # 12688)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 8, 2016

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

Dear Administrator:

This letter reports findings of an extended congregate care (ECC) monitoring visit that was conducted on November 1, 2016, 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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

1GGN

