STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	**11/16/2016**
NAME OF PROVIDER OR SUPPLIER **VILLAS AT SUNSET BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7423 KAUAI LOOP** **NEW PORT RICHEY, FL 34653**	

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

0000 Initial Comments

Assisted Living Facility

Three complaint investigations, (CCR# 2016011480, CCR# 2016011989 and CCR# 2016010331), were conducted at The Villas at Sunset Bay on 11/16/16. The Villas at Sunset Bay, assisted living facility, had no deficiencies at the time of the investigation.

(License # 10594)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 28, 2016

Administrator
Villas at Sunset Bay
7423 Kauai Loop
New Port Richey, FL 34653

RE: CCR# 2016011450, CCR# 2016011989, & CCR# 2016010331

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 16, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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