

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910258	(X3) DATE SURVEY COMPLETED 03/16/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW PORT RICHEY	STREET ADDRESS, CITY, STATE, ZIP CODE 6400 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On March 16, 2017, a complaint (CCR# 2016014638) survey was conducted at Brookdale New Port Richey. No deficiencies were identified at the time of the visit. (License # 6024)		