

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922280	(X3) DATE SURVEY COMPLETED R 04/06/2017
NAME OF PROVIDER OR SUPPLIER COTTAGES OF PORT RICHEY (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 PINEHILL ROAD PORT RICHEY, FL 34668	

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

0000 - Initial Comments

A Desk Review was conducted on 04/06/17. The deficiencies previously identified during complaint survey #CCR 2016014439 were corrected during the review.

Lic# 5993