STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	R **05/15/2017**
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

A 3rd revisit to 12/27/16 Complaint CCR #2016014029 & 2016012639 was conducted on 5/15/17 at Villas at Sunset Bay.The deficient practice previously cited on 3/30/17 was corrected during the revisit.

(License number 10594)