STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968826	R **06/09/2017**
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

A Desk Review was conducted on 06/09/17. The deficient practice identified during the biennial survey on 04/27/17 was corrected during the review.

Lic #12688