STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910790	R **06/05/2017**
NAME OF PROVIDER OR SUPPLIER **SUMMIT AT NEW PORT RICHEY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5539 CHARLES STREET** **NEW PORT RICHEY, FL 34653**	

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

0000 - Initial Comments

Assisted Living Facility

A follow up visit to biennial re licensure survey was conducted on at Summit of New Port Richey on 6/5/17.
Summit of New Port Richey had no deficiencies at the time of the visit.
License # 5421