STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966301	R **06/01/2017**
NAME OF PROVIDER OR SUPPLIER **SUN COAST RETREAT**	STREET ADDRESS, CITY, STATE, ZIP CODE **8151 TREELET COURT** **NEW PORT RICHEY, FL 34653**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Revisit to 4/12/17 Complaint survey (CCR#2017000972 & 2017001939) was conducted on 6/1/17.

The Sun Coast Retreat, Assisted Living Facility (License #10530), corrected all deficiencies specific to both Complaints (CCR#2017000972 & CCR#2017001939); no additional deficiencies cited.