

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910790	(X3) DATE SURVEY COMPLETED 07/31/2017
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 Two complaint investigations, (CCR# 2017004961 and CCR# 2017005640), were conducted at Summit at New Port Richey on 7/31/17. Summit at New Port Richey, Assisted Living Facility, had no deficiencies at the time of the visit. (License #5421)		