STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968826	**09/19/2017**
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 complaint investigation, (CCR# 2017006528), was conducted at Angels Senior Living in New Port Richey on 9/19/17. Angels Senior Living in New Port Richey, Assisted Living Facility, had no deficiencies at the time of the investigation.

(License # 12688)