STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965300	**09/21/2017**
NAME OF PROVIDER OR SUPPLIER **GOLDEN SUNSET**	STREET ADDRESS, CITY, STATE, ZIP CODE **5019 MAGPIE DRIVE** **NEW PORT RICHEY, FL 34652**	

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

0000 - Initial Comments

Assisted Living Facility

On 9/21/2017, an abbreviated biennial relicensure survey was conducted at Golden Sunset. No deficient practice was identified at the time of the visit.

(Lic. # 9675)