

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932639	(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER DIVINE GALLO HOUSE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 9110 STAR TRAIL NEW PORT RICHEY, FL 34654	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A monitoring visit for closure was conducted at Divine Gallo House Assisted Living Facility on 10/04/2017. At the time of the visit, the facility was not operational. It was determined that the facility is closed. (License # 6665)		