STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953473	R **11/02/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA ROSE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6753 CARPEL DRIVE** **NEW PORT RICHEY, FL 34653**	

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

0000 - Initial Comments

Assisted Living Facility

A 4th revisit to 5/11/16, 7/13/16, 8/18/16, and 1/26/17 complaint survey, (CCR# 2016001757), was conducted on 11/2/17 at Villa Rose Assisted Living Facility. The deficient practice previously cited on 5/11/16, 7/13/16, 8/18/16, and 1/26/17, was corrected during the visit.

(License # 8071)