

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966301	(X3) DATE SURVEY COMPLETED R 12/12/2017
NAME OF PROVIDER OR SUPPLIER SUN COAST RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 8151 TREELET COURT NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A follow-up visit to to the 10/21/2017 complaint survey, (CCR# 2017007818 & CCR# 201700737), was conducted at Sun Coast Retreat on 12/12/2017. All deficiencies were corrected at the time of the visit. (License # 10530)		