STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910473	**01/22/2018**
NAME OF PROVIDER OR SUPPLIER **FOREST GLEN LODGES, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7435 PLATHE ROAD** **NEW PORT RICHEY, FL 34653**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced complaint investigation, (CCR# 2017013626), was conducted on 1/22/2018, at Forest Glen Lodges, Inc. in New Port Richey, FL. No deficient practice was identified at time of the visit.

(License # 5243)