STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910258	**01/29/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE NEW PORT RICHEY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6400 TROUBLE CREEK ROAD** **NEW PORT RICHEY, FL 34653**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017014542), was conducted at Brookdale New Port Richey on 1/29/18, in conjunction with a limited nursing services (LNS) monitoring visit. Brookdale New Port Richey, Assisted Living Facility, had no deficiencies at the time of the investigation.

(License # 6024)