

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 03/12/2018  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                       |                                                                                                  |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966301</b>                      | (X3) DATE SURVEY COMPLETED<br><br><b>02/22/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>SUN COAST RETREAT</b>                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8151 TREELET COURT<br/>NEW PORT RICHEY, FL 34653</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                               |                                                                                                  |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>ASSISTED LIVING FACILITY</p> <p>An ECC (Extended Congregate Care) monitoring survey was conducted on 2/22/18 at Sun Coast Retreat (license #10530), an Assisted Living Facility in New Port Richey, Florida.</p> <p>No deficiencies were found at the time of the visit.</p> |                                                                                                  |                                                     |