STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953473	R **03/21/2018**
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

A revisit was conducted on 3/21/18 for Villa Rosa Assisted Living Facility. The deficient practice preciously
cited on 1/18/18 was corrected during the revisit.

License #8071