STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	R **04/05/2018**
NAME OF PROVIDER OR SUPPLIER **VILLAS AT SUNSET BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7423 KAUAI LOOP** **NEW PORT RICHEY, FL 34653**	

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

0000 - Initial Comments

Assisted Living Facility (ALF)

A Revisit, conducted on 04/05/2018, to the 01/31/2018 Biennial Survey was conducted in conjunction with a 2nd Revisit to 12/13/2017 Complaint Investigation (CCR#: 2017014333) at Villas at Sunset Bay Assisted Living Facility (ALF) . Villas at Sunset Bay ALF corrected previously identified deficient practice for the Biennial Survey at the time of survey.

(License#: 10594)