

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932515	(X3) DATE SURVEY COMPLETED R 05/02/2018
NAME OF PROVIDER OR SUPPLIER OAKVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 7220 BAILLIE DRIVE NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Revisit to 02/21/2018 Biennial Re-licensure Survey with Extended Congregate Care and Limited Nursing Services was conducted at Oakview Terrace Assisted Living Facility on 05/02/2018. At the time of the survey, Oakview Terrace had no deficient practice. (License#: 7689)		