STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910790	R **07/05/2018**
NAME OF PROVIDER OR SUPPLIER **NEW PORT RITCHEY CENTER FOR ASSISTED LIVING AND ME**	STREET ADDRESS, CITY, STATE, ZIP CODE **5539 CHARLES STREET** **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 5/10/18 change of ownership (CHOW) survey was conducted at New Port Richey Center for Assisted Living and Memory Care on 7/5/18 in conjunction with a complaint investigation (CCR 2018008032). The deficient practice previously cited on 5/10/18 was corrected during this visit.

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