STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	R **08/06/2018**
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

A Revisit to 06/08/18 Complaint Survey (CCR#: 2018007102 and 2018007521) in conjunction with a Complaint Survey (CCR#: 2018008541) in conjunction with a fourth Revisit to 12/17/17, 01/31/18, and 04/05/18 Complaint Survey (CCR#: 2017014333) was conducted at Villas at Sunset Bay Assisted Living Facility on 08/06/18. Villas at Sunset Bay Assisted Living Facility had no deficient practice related to the revisit.

(License#: 10594)