

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966353	(X3) DATE SURVEY COMPLETED 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 fourth Revisit to 12/17/17, 01/31/18, and 04/05/18 Complaint Survey (CCR#: 2017014333) in conjunction with a Complaint Survey (CCR#: 2018008541) in conjunction with a Revisit to 06/08/18 Complaint Survey (CCR#: 2018007102 and 2018007521) was conducted at Villas at Sunset Bay Assisted Living Facility on 08/06/18. Villas at Sunset Bay Assisted Living Facility had no deficiencies related to the revisit. (License#: 10594)		