

**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 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 Complaint Survey (CCR#: 2018008541) in conjunction with a Revisit to 06/08/18 Complaint Survey (CCR#: 2018007102 and 2018007521) 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. There was no deficient practice identified at Villas at Sunset Bay Assisted Living Facility at the time of survey.

(License#: 10594)