

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910258	(X3) DATE SURVEY COMPLETED 09/04/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW PORT RICHEY	STREET ADDRESS, CITY, STATE, ZIP CODE 6400 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On 09/04/2018 a monitoring visit for Limited Nursing Services was conducted at Brookdale New Port Richey Assisted Living Facility. The facility had no deficiencies at the time of this visit. (License # 6024)		