

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966301	(X3) DATE SURVEY COMPLETED R 09/19/2018
NAME OF PROVIDER OR SUPPLIER SUN COAST RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 8151 TREELET COURT NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit was conducted on 9/19/18 for Sun Coast Retreat Assisted Living Facility. The deficient practice previously cited on 7/26/18 was corrected during the revisit. License # 10530		