

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968826	(X3) DATE SURVEY COMPLETED 09/24/2018
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR LIVING IN NEW PORT RICHEY	STREET ADDRESS, CITY, STATE, ZIP CODE 6716 CONGRESS ST 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#: 2018009827) was conducted at Angels Senior Living Assisted Living Facility on 09/24/18. There was no deficient practice identified at Angels Senior Living Assisted Living Facility at the time of the survey. (License#: 12688)		