

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910790	(X3) DATE SURVEY COMPLETED R 10/17/2018
NAME OF PROVIDER OR SUPPLIER NEW PORT RITCHEY CENTER FOR ASSISTED LIVING AND ME	STREET ADDRESS, CITY, STATE, ZIP CODE 5539 CHARLES STREET NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit to 8/29/18 complaint CCR 2018010256 was conducted on 10/17/18 at New Port Richey Center for Assisted Living and Memory Care. The deficient practice previously cited on 8/29/18 was corrected during the visit. (License #5421)		