STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966301	R **11/07/2018**
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

ASSISTED LIVING FACILITY

A follow-up to a 09/19/2018 complaint investigation was conducted for Sun Coast Retreat on 11/07/2018. The previously cited deficiency was found corrected via desk review.

License #10530