

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910258	(X3) DATE SURVEY COMPLETED R 12/27/2018
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 A follow-up to an 11/07/2018 biennial survey was conducted for Brookdale New Port Richey on 12/27/2018. The previously cited deficiencies were found corrected via desk review. License # 6024		