

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922280	(X3) DATE SURVEY COMPLETED 12/18/2018
NAME OF PROVIDER OR SUPPLIER COTTAGES OF PORT RICHEY (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 PINEHILL ROAD PORT RICHEY, FL 34668	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An Extended Congregate Care Monitoring was conducted on December 18, 2018 at Cottages of Port Richey in conjunction with a complaint survey and a revisit survey. . No deficient practice was found related to the monitoring visit at the time of survey. (License #5993)		