STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922280	R **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

A Revisit to a 10/4/2018 complaint's survey was conducted in conjunction with a second Revisit to a 7/30/18 Complaint (CCR#2018007672, CCR#2018007465) and a complaint CCR#2018016595 survey, and in conjunction with a Extended Congregate Care monitoring survey at The Cottages of Port Richey Assisted Living Facility on 12/18/2018. The Cottages of Port Richey Assisted Living Facility had no deficient practice identified related to the revisit at the time of the survey.

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