

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966353	(X3) DATE SURVEY COMPLETED 01/24/2019
NAME OF PROVIDER OR SUPPLIER VILLAS AT SUNSET BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 7423 KAUAI LOOP NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation (CCR 2018017133) was conducted at Villas at Sunset Bay on 1/24/19. Villas at Sunset Bay had no deficiencies at the time of the investigation. (License #10594)		