

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966301	(X3) DATE SURVEY COMPLETED 04/12/2019
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 An Extended Congregate Care Monitoring Visit and a Revisit to 01/30/19 Complaint Survey (CCR#: 2018016601) and a Complaint Survey (CCR#: 2019002814) was conducted at Sun Coast Retreat Assisted Living Facility on 04/08/19. The Facility had no deficiencies at the time of the survey. (License#: 10530)		