STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966301	R **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

A Revisit to 01/30/19 Complaint Survey (CCR#: 2018016601) and a Complaint Survey (CCR#: 2019002814) and an Extended Congregate Care Monitoring Visit was conducted at Sun Coast Retreat Assisted Living Facility on 04/08/19. The deficiencies were found to be corrected at the time of survey.

(License#: 10530)