

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968826	(X3) DATE SURVEY COMPLETED R 05/15/2019
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR LIVING IN NEW PORT RICHEY	STREET ADDRESS, CITY, STATE, ZIP CODE 6716 CONGRESS ST NEW PORT RICHEY, FL 34653	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit to 4/10/2019 complaint survey #2019000913 was conducted in conjunction with a Biennial Survey with Extended Congregate Care at Angels Senior Living at New Port Richey on 5/15/2019. Angels Senior Living at New Port Richey had no deficient practice identified at the time of the survey.