STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968826	**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 biennial Survey with extended congregate care was conducted in conjunction with a revisit to 4/10/2019 complaint survey #2019000913 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.