

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922280	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/09/2019
NAME OF PROVIDER OR SUPPLIER COTTAGES OF PORT RICHEY (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 5905 PINEHILL ROAD PORT RICHEY, FL 34668			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{A 000}	Initial Comments A Monitoring Visit for compliance with Emergency Power Plan, a Complaint Investigation (Complaint Number: 2019009158), and a Revisit to 05/28/19 Complaint Investigation (Complaint Number: 2019004559) were conducted at Cottages of Port Richey Assisted Living Facility on 07/09/19. Deficiencies were found to be corrected at the time of survey.	{A 000}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE