



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 21, 2013

Administrator  
Key Training Center  
5359 West Safari Lane  
Lecanto, FL 34461

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 23, 2013 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 08/21/2013  
FORM APPROVED

|                                                                                                        |                                                                                               |                                                     |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11911734</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>07/23/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Key Traning Center</b>                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>5359 W. Safari Lane<br/>Lecanto, FL 34461</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                               |                                                     |

0000-Initial Comments

An unannounced standard biennial licensure survey was conducted at Davis Cottage in Lecanto, Florida on July 23, 2013. The facility was in compliance with 429.01-429.54, Part I & 408, Part II, Florida Statutes, and 58A-5 & 59A-35, Florida Administrative Code as it pertains to this survey.