

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968771	(X3) DATE SURVEY COMPLETED 01/12/2015
NAME OF PROVIDER OR SUPPLIER Skagway Living Facility, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 2210 W Skagway Avenue Tampa, FL 33604	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A survey for Initial Licensure was conducted on 1/12/15.

The Skagway Living Facility, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

January 15, 2015

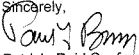
Administrator
Skagway Living Facility, LLC
2210 W Skagway Avenue
Tampa, FL 33604

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on January 12, 2015 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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

