RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 23, 2015

Administrator
Key Training Center
5391 West Safari Lane
Lecanto, FL 34461

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on September 23, 2015 by a representative of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

DT9D

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911735	R **09/23/2015**
NAME OF PROVIDER OR SUPPLIER **KEY TRAINING CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **5391 WEST SAFARI LANE** **LECANTO, FL 34461**	

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

0000 Initial Comments

On 09/23/2015 a revisit was conducted by desk review for Key Training Center, an Assisted Living Facility. Previously cited deficiencies were cleared.