

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968206	(X3) DATE SURVEY COMPLETED R 05/11/2017
NAME OF PROVIDER OR SUPPLIER SAFETY HARBOR SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 101 MAIN STREET SAFETY HARBOR, FL 34695	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review was conducted on 05/11/17. The deficiencies previously identified during complaint survey CCR# 2017000196 on 03/29/17 were corrected during the review. Lic # 12118		