STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968159	**07/03/2017**
NAME OF PROVIDER OR SUPPLIER **SAFE HARBOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **9000 86TH AVE N** **LARGO, FL 33777**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR #2017003767) was conducted at Safe Harbor (Lic. #12103) on 7/3/2017. Safe Harbor had no deficiencies identified at the time of the investigation.