

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911736	(X3) DATE SURVEY COMPLETED 07/19/2017
NAME OF PROVIDER OR SUPPLIER KEY TRAINING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1380 N JAMES PAGE PT LECANTO, FL 34461	

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

0000 - Initial Comments

On 07/19/2017 an unannounced abbreviated biennial relicensure survey was conducted at Key Training Center (Franklin Cottage - Lic. 7731), Lecanto, FL. No deficient practice was identified at the time of the survey.