STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953664	R **09/20/2017**
NAME OF PROVIDER OR SUPPLIER **MIDWAY MANOR RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1754 ENSLEY AVENUE** **CLEARWATER, FL 33756**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit survey was conducted on 9/20/17 for Midway Manor ALF. The deficient practice previously cited on 5/30/17 was corrected during the review. License #8632