

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953664	(X3) DATE SURVEY COMPLETED 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 biennial with limited nursing services (LNS) survey was conducted in conjunction with a revisit and a complaint survey, (CCR# 2017006784), on 09/20/2017. Midway Manor, Assisted Living Facility, had no deficiencies at the time of survey. (License # 8632)		