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

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

**0000 - Initial Comments**

Assisted Living Facility

On 09/20/2017, an unannounced complaint survey, (CCR# 2017006784), was conducted in conjunction with a biennial re-licensure survey, and a revisit to a 05/30/2017 complaint survey at Midway Manor ALF, an assisted living facility, in Clearwater, Florida. There no were deficiencies identified at the time of visit.

(License # 8632)