| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968159** | R<br>**12/11/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**SAFE HARBOR** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9000 86TH AVE N**<br>**LARGO, FL 33777** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A desk review was conducted on 12/11/17 to the biennial state relicensure survey of 10/26/17. At the time of the desk review, it was determined that the previously cited deficiencies at Safe Harbor, Assisted Living Facility, had been corrected.

(License # 12103)