STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968206	**11/30/2017**
NAME OF PROVIDER OR SUPPLIER **SAFETY HARBOR SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 MAIN STREET** **SAFETY HARBOR, FL 34695**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced biennial re-licensure survey was conducted at Safety Harbor Living Assisted Living Facility, (License # 12118), in Safety Harbor, Florida. There was no deficient practice identified during the survey.

(License # 12118)