

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911735	(X3) DATE SURVEY COMPLETED R 10/02/2017
NAME OF PROVIDER OR SUPPLIER KEY TRAINING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5391 WEST SAFARI LANE LECANTO, FL 34461	

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

0000 - Initial Comments

On October 2, 2017 a desk review was conducted on Key Training Center (lic.#7732) Assisted living Facility. No deficient practice was identified.