STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968771	**01/17/2018**
NAME OF PROVIDER OR SUPPLIER **SKAGWAY LIVING FACILITY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2210 W SKAGWAY AVE** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017013550), was conducted at Skagway Living Facility on . Skagway Living Facility had a deficiency at the time of the investigation.

(License # 12613)

0151 - Physical Plant - Existing Facilities - 58A-5.023(2) FAC

Based on observation, interview, and record review, the facility failed to comply with the rule or code for local zoning.

Findings included:

During a tour of the facility conducted on beginning at 9:33 AM, an additional structure was observed in the rear of the assisted living facility (ALF). There were 2 individuals (Resident #1 and Resident #2) observed in this structure and during interviews beginning on at 9:40 AM, both Resident #1 and Resident #2 stated that they lived in the structure.

A phone interview was conducted with a representative from the local zoning authority at 10:39 AM on and they stated that the property required a Special Use Permit if there were more than 6 individuals allowed to live on the property. A review of the facility's license showed that it was licensed for 6 assisted living residents.

An interview was conducted with the Owner and Administrator at 10:55 AM. The Owner was asked to provide a copy of their Special Use Permit to utilize their structure behind the ALF for what they referred to as independent living residents. The Owner stated that they would send necessary documentation to the surveyor. The Owner did not provide proof of a Special Use Permit as of this writing.

Class III