STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968771	R **05/16/2018**
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

On May 16, 2018 a 2nd Revisit to 1/17/18 Complaint (CCR#2017013550) survey in conjunction with a Revisit to a 3/20/18 (Complaint CCR#2018002788) and Complaint (CCR#2018005244) survey was conducted at Skagway Living Facility. The facility had no deficient practice related to this revisit.

(license #12613)