

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968771	(X3) DATE SURVEY COMPLETED 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

On May 16, 2018, an unlicensed complaint survey, (CCR# 2018005244), was conducted at Skagway Living Facility LLC (Lic # 12613). No deficiencies were identified on the date of the survey.