STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969390	**07/03/2018**
NAME OF PROVIDER OR SUPPLIER **HOUSING AUTHORITY OF THE CITY OF KEY WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **1664 DUNLAP DRIVE** **KEY WEST, FL 33040**	

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

0000 - Initial Comments

An announced initial licensure survey was conducted on 6/29/18 through 7/3/18 at Housing Authority Of The City Of Key West, an assisted living facility (license number pending) in Key West, Florida.

No deficiencies were found at the time of the visit.

Housing Authority Of The City Of Key West is recommended for a Standard license with a capacity of 58 effective 7/3/18.