

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968159	(X3) DATE SURVEY COMPLETED 07/09/2018
NAME OF PROVIDER OR SUPPLIER SAFE HARBOR	STREET ADDRESS, CITY, STATE, ZIP CODE 9000 86TH AVE N LARGO, FL 33777	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY A complaint investigation, (CCR#2018006161) was conducted at Safe Harbor assisted living facility on 7/9/18. Safe Harbor had no deficient practice identified during the investigation. (License # 12103)		