STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968206	**07/12/2018**
NAME OF PROVIDER OR SUPPLIER **SAFETY HARBOR SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 MAIN STREET** **SAFETY HARBOR, FL 34695**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey (CCR#2018009168) was completed at Safety Harbor Senior Living Assisted Living Facility on 7/12/2018. Safety Harbor Senior Living had no deficient practice identified at the time of the survey.

License: 12118