STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968771	R **07/19/2018**
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 July 19, 2018 a revist to a 3/20/18 and 5/16/18 Complaint (CCR#2018002788) survey was conducted at Skagway Living Facility. No deficiencies were identified at the time of the visit.

(License #12613)