STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969390	**09/13/2018**
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 unannounced emergency power plan monitoring survey was conducted 9/10/18 through 9/13/18 at Housing Authority of the City of Key West, Poinciana Gardens, an assisted living facility (license #13203) in Key West, Florida.

No deficiencies were identified during the survey.