

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953664	(X3) DATE SURVEY COMPLETED R 09/24/2018
NAME OF PROVIDER OR SUPPLIER MIDWAY MANOR RETIREMENT RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1754 ENSLEY AVENUE CLEARWATER, FL 33756	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A 2nd Revisit to a 6/18/18 Complaint (CCR 2018005033) was conducted on 9/24/18 at Midway Manor ALF (assisted living facility). The deficient practice previously cited on 8/6/18 was corrected during the visit. (License #8632)		