STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911199	C **11/01/2017**
NAME OF PROVIDER OR SUPPLIER **KEY TRAINING CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1368 N JAMES PAGE PT** **LECANTO, FL 34461**	

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

0000 - Initial Comments

An unannounced abbreviated biennial survey was conducted on November 1, 2017 at Burnes Cottage at Key Training Center (License # 7731), Lecanto, FL. No deficient practice was identified at the time of the survey.