STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911734	C **07/14/2017**
NAME OF PROVIDER OR SUPPLIER **KEY TRANING CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **5359 W. SAFARI LANE** **LECANTO, FL 34461**	

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

0000 - Initial Comments

An unannounced abbreviated biennial relicensure survey was conducted on July 17, 2017 at Key Training Center (Davis Cottage) (Lic. #7733). No deficient practice was identified at the time of the survey.