STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969021	C **05/02/2018**
NAME OF PROVIDER OR SUPPLIER **KLECKLEY FAMILY ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **93 SE 43RD ST** **GAINESVILLE, FL 32641**	

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

0000 - Initial Comments

On May 2, 2018, an unannounced biennial with limited mental health survey was conducted at Kleckley Family Assisted Living Facility (license # 12870), Gainesville, FL. The staff person reported that the facility was closed. No resident or resident belongings was observed at the time of survey. AHCA license was received from the staff person, who signed and dated overleaf.