

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/09/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932678	(X3) DATE SURVEY COMPLETED 04/06/2015
NAME OF PROVIDER OR SUPPLIER SWEET WATER AT LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 11290 WALSINGHAM ROAD LARGO, FL 33778	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2015000563, was conducted on 4/06/15.

The Sweet Water at Largo, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 9, 2015

Administrator
Sweet Water At Largo
11290 Walsingham Road
Largo, FL 33778

RE: CCR# 2015000563

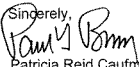
Dear Administrator:

This letter reports the findings of a complaint survey completed on April 6, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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