

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/19/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932678	(X3) DATE SURVEY COMPLETED 11/12/2015
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# 2015008981) was conducted on 11/12/15.

The Sweet Water at Largo, Assisted Living Facility, had no deficiencies at the time of this visit.

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932678	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER SWEET WATER AT LARGO		STREET ADDRESS, CITY, STATE, ZIP CODE 11290 WALSHINGHAM ROAD LARGO, FL 33778	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
A 000 Initial Comments	Assisted Living Facility An unannounced Complaint survey (CCR# 2015008981) was conducted on 11/12/15. The Sweet Water at Largo, Assisted Living Facility, had no deficiencies at the time of this visit.	A 000	

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 19, 2015

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

RE: CCR #2015008981

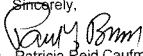
Dear Administrator:

This letter reports the findings of a complaint survey completed on November 12, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, 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/clt
Enclosure: State (5000-3547) Form

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