

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932678	(X3) DATE SURVEY COMPLETED 04/24/2017
NAME OF PROVIDER OR SUPPLIER SWEET WATER AT LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 11290 WALSHINGHAM ROAD LARGO, FL 33778	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation, (CCR# 2017003878), was conducted at Sweet Water At Largo on 4/24/17. Sweet Water At Largo had no deficiencies at the time of the visit. (License #8175)		