STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932678	R **08/29/2017**
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

A desk review was conducted on 8/29/17 to the complaint investigation, (CCR# 2017004608), of 7/19/17. At the time of the desk review, it was determined that the previously cited deficiencies at Sweet Water at Largo, Assisted Living Facility, had been corrected.

(License # 8175)