STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969015	R **09/18/2017**
NAME OF PROVIDER OR SUPPLIER **WALTON PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **501 S WALTON AVE** **TARPON SPRINGS, FL 34689**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 9/18/17 for Walton Place an Assisted Living Facility. The deficient practice previously cited on 6/28/17 was corrected during the visit.
License # 12859