STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932678	**01/25/2018**
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 complaint investigation, (CCR# 2017014426), was conducted at Sweet Water at Largo, Assisted Living Facility, on 1/25/2018. Sweet Water at Largo, Assisted Living Facility, had no deficiencies at the time of the investigation.

(License # 8175)