| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11932678** | R<br>**08/03/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**SWEET WATER AT LARGO** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**11290 WALSINGHAM ROAD**<br>**LARGO, FL 33778** | |

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

**0000 - Initial Comments**

A follow-up survey was conducted for Sweet Water at Largo on 08/03/2018. The previously cited deficiency was found to be corrected via desk review. (License #8175)