STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969015	R **08/01/2018**
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 to 6/1/18 Complaint Survey (CCR 2018007111, 2018006859, 2018005133, and 2018004824) was conducted at Walton Place on 8/1/18 in conjunction with a Revisit to 6/1/18 Biennial Survey, a 2nd Revisit to 3/29/18 and 5/31/18 Complaint Survey (CCR 2018003226) and a Complaint Investigation (CCR 2018008060). At the time of the survey, the facility had no deficient practice related to this revisit.

(License #12859)