

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969015	(X3) DATE SURVEY COMPLETED 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 2nd Revisit to 3/29/18 and 5/31/18 Complaint (CCR 2018003226) was conducted at Walton Place on 8/1/18 in conjunction with a Complaint Investigation (CCR 2018008060) , a Revisit to 6/1/18 Complaint (CCR 2018007111, 2018006859, 2018005133, and 2018004824), and a Revisit to 6/1/18 Biennial Survey. There was no deficient practice related to this visit. (License #12859)		