STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969015	**08/03/2018**
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 Complaint Survey (CCR#: 2018011397) was conducted at Walton Place Assisted Living Facility on 08/03/2018. Walton Place Assisted Living Facility had no deficient practice identified at the time of the survey.

(License#: 12859)