STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942831	**01/22/2019**
NAME OF PROVIDER OR SUPPLIER **FAIRWAY CHALET**	STREET ADDRESS, CITY, STATE, ZIP CODE **905 VIRGINIA AVENUE** **TARPON SPRINGS, FL 34689**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018016133) was conducted at Fairway Chalet in conjunction with a biennial re-licensure survey with limited nursing services (LNS). Fairway Chalet had no deficiencies at the time of the investigation.

(License #7276)