

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942831	(X3) DATE SURVEY COMPLETED 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 On January 22, 2019, a biennial re-licensure survey with limited nursing services (LNS) was conducted at Fairway Chalet in conjunction with a complaint investigation (CCR 2018016133). No deficient practice was identified during the survey. (License #7276)		