STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969015	**02/14/2019**
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 investigation (CCR 2018018116) was conducted at Walton Place on . . . . Walton Place had a deficiency at the time of the investigation.

(License #12859)

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to document the admission/discharge log (Log) with the reason for discharge and identify the facility or home address to where residents were discharged for one (Resident #1) of two residents sampled.

Findings included:

A review of the Log conducted on showed that Resident #1 was discharged from the facility on . . . . The Log showed no documentation as to the reason for the discharge or identification of the location of where the resident was discharged to.

The Resident Care Director was interviewed at 3:45 PM on concerning the omissions on the Log concerning the reason for discharge and location of where Resident #1 was discharged to. The Resident Care Director acknowledged the omission.

Class III