| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11922285** | R<br>**03/04/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**PRINCETON VILLAGE OF LARGO** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**333 16TH AVENUE SOUTHEAST**<br>**LARGO, FL 33771** | |

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

**0000 - Initial Comments**

ASSISTED LIVING FACILITY

A follow-up to a 1/8/19 biennial survey with extended congregate care was conducted for Princeton Village of Largo on 3/4/19. The previously cited deficient practice was found corrected via desk review.

Lic #7933