

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969015	(X3) DATE SURVEY COMPLETED R 04/05/2019
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 follow-up to a 02/14/2019 complaint survey was conducted for Walton Place (lic #12859) on 04/05/2019. The previously cited deficiency was found corrected via desk review.		