

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932678	(X3) DATE SURVEY COMPLETED R 05/02/2019
NAME OF PROVIDER OR SUPPLIER SWEET WATER AT LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 11290 WALSINGHAM ROAD LARGO, FL 33778	

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

0000 - Initial Comments

A revisit to a complaint investigation (complaint number 201900229 and 201900961) on 03/05/2019 was conducted on 05/02/2019 at Sweet Water at Largo. Deficiencies were found to be corrected at the time of the survey.