

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/22/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967657	(X3) DATE SURVEY COMPLETED 06/15/2015
NAME OF PROVIDER OR SUPPLIER INN AT WATER'S EDGE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 10 GROVE AVENUE WEST LAKE WALES, FL 33853	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced complaint survey, CCR# 2015003139, was conducted on 6/15/15. The Inn at Waters Edge, assisted living facility, had no deficiencies at the time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 22, 2015

Administrator
Inn At Water's Edge (the)
10 Grove Avenue West
Lake Wales, FL 33853

RE: CCR #2015003139

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 15, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for
Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547)

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