

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967657	(X3) DATE SURVEY COMPLETED 08/24/2015
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 (CCR# 2015008648) survey was conducted on 8/24/15.

The Inn at Waters Edge, Assisted Living Facility, had no deficiencies specific to the Complaint at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 2, 2015

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

RE: CCR #2015008648

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 24, 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) Form

