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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966890</b>              | (X3) DATE SURVEY COMPLETED<br><br><b>04/07/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>WATER'S EDGE EXTENDED CARE</b>                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1500 SW CAPRI ST<br/>PALM CITY, FL 34990</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                         |                                                                                          |                                                     |
| <p><b>0000 Initial Comments</b></p> <p>An unannounced Extended Congregate Care (ECC) and Limited Nursing Services (LNS) monitoring survey was conducted at the Waters Edge Extended Care on 04/07/16. The facility had no deficiencies identified at the time of the visit.</p> |                                                                                          |                                                     |



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

April 19, 2016

Administrator  
Water's Edge Extended Care  
1500 Sw Capri St  
Palm City, FL 34990

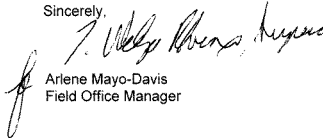
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 7, 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,



Arlene Mayo-Davis  
Field Office Manager

AMD/dlt  
Enclosure

1GGN

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