STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966890	**04/07/2016**
NAME OF PROVIDER OR SUPPLIER **WATER'S EDGE EXTENDED CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1500 SW CAPRI ST** **PALM CITY, FL 34990**	

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

0000 Initial Comments

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.

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

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