AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967657	**12/28/2016**
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

On December 28, 2016, an unannounced (LNS) monitoring visit was conducted at Inn at Water's Edge (The). No deficient practice was identified during the survey.

(License # 11669)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 6, 2017

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

Dear Administrator:

This letter reports findings of a limited nursing services (LNS) monitoring visit that was conducted on December 28, 2016, by representative(s) 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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