

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967657	(X3) DATE SURVEY COMPLETED 01/19/2017
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

A complaint investigation, (CCR# 2016012574), was conducted at The Inn at Water's Edge, (Lic. #11669), on 1/19/17. The Inn at Water's Edge had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 24, 2017

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

RE: CCR# 2016012574

Dear Administrator:

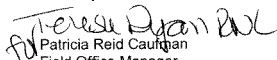
This letter reports the findings of a complaint survey completed on January 19, 2017, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 **Teresa Ryan, RNC**, at (727) 552-2000.

Sincerely,


Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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