STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966890	**04/18/2017**
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 Relicensure Survey with Extended Congregate Care and Limited Nursing Services was conducted at the Waters Edge Extended Care Assisted Living Facility on 4/17/17 and 4/18/17 at Waters Edge Exgended Care (license # AL11028). The facility had no deficiencies identified at the time of the visit.