

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969186	(X3) DATE SURVEY COMPLETED 05/18/2017
NAME OF PROVIDER OR SUPPLIER HERITAGE WATERSIDE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3704 CARDINAL BLVD DAYTONA BEACH, FL 32118	

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

0000 - Initial Comments

An initial licensure survey was conducted on May 18, 2017 at Heritage Waterside, LLC. Deficient practice was not identified during the survey.