STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969246	**08/29/2017**
NAME OF PROVIDER OR SUPPLIER **EDWINOLA, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **14235 EDWINOLA WAY** **DADE CITY, FL 33525**	

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

0000 - Initial Comments

Assisted Living Facility

On August 29, 2017, an initial state licensure survey was conducted at Edwinola, The. No deficient practice was identified at the time of the visit. A recommendation for a Standard license is being made at this time.