

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967657	(X3) DATE SURVEY COMPLETED 11/09/2017
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 An unannounced complaint investigation, (CCR# 2017013229), was conducted on 11/9/17, in conjunction with an unannounced revisit to 9/5/17 complaint surveys, (CCR# 2017007689 & CCR# 2017006844) and unannounced revisit to 9/5/17 biennial survey with Limited Nursing Services. The Inn at Water's Edge, Assisted Living Facility, had no deficient practice identified at the time of this visit. (License # 11669)		