STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967657	R **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 revisit to 9/5/17 the biennial state relicensure survey with Limited Nursing Services (LNS) was conducted on 11/9/17, in conjunction with an unannounced revisit to 9/5/17 complaint surveys, (CCR#2017007689 & CCR# 2017006844), and unannounced complaint investigation, (CCR# 2017013229). The Inn at Water's Edge, Assisted Living Facility (License #11669), had corrected all deficiencies cited on 9/5/17.