

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969246	(X3) DATE SURVEY COMPLETED 03/09/2018
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 A complaint investigation (CCR 2017014847) was completed at The Edwinola Assisted Living Facility beginning on 02/27/2018 and concluding on 03/09/2018. The Edwinola Assisted Living Facility had no deficiencies at the time of the investigation. Lic #13059		