STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967657	**03/12/2018**
NAME OF PROVIDER OR SUPPLIER **WATER'S EDGE OF LAKE WALES, LLC**	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 LNS (Limited Nursing Services) survey was conducted on 3/12/18 at Waters Edge of Lake Wales (license #11669), an Assisted Living Facility in Lake Wales, Florida.

No deficiencies were found at the time of the visit.