

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967657	(X3) DATE SURVEY COMPLETED 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 initial ECC (Extended Congregate Care) 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.		