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 Complaint investigation (CCR# 2018002184) was conducted on 3/12/18, in conjunction with an unannounced Limited Nursing Services (LNS) Monitoring visit and Initial Extended Congregate Care (ECC) survey.

The Water's Edge of Lake Wales, Assisted Living Facility (License #11669), had no deficiencies at the time of this visit.