

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969310	(X3) DATE SURVEY COMPLETED 06/14/2018
NAME OF PROVIDER OR SUPPLIER WATERMARK AT VISTAWILLA, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST SR 434 WINTER SPRINGS, FL 32708	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An initial standard licensure survey was conducted on June 14, 2018. The Watermark at Vistawilla did not have deficiencies at the time of the survey.