STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969246	**06/26/2018**
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

On 6/26/2018, a capacity increase survey was conducted at The Edwinola (Lic. #13059). There was no deficient practice identified during the survey.