STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969186	**06/27/2018**
NAME OF PROVIDER OR SUPPLIER **HERITAGE WATERSIDE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3704 CARDINAL BLVD** **DAYTONA BEACH, FL 32118**	

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

0000 - Initial Comments

On June 27,2018 a Limited Nursing Services survey was conducted at the Heritage Waterside Assisted Living Facility. Deficient practice was not identified during the survey.