STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966890	**06/18/2018**
NAME OF PROVIDER OR SUPPLIER **WATER'S EDGE EXTENDED CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1500 SW CAPRI ST** **PALM CITY, FL 34990**	

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

0000 - Initial Comments

An unannounced ECC/ LNS Monitoring Visit survey was conducted on 6/18/18 at Waters Edge Extended Care, License # 11028. The facility had no deficiencies at the time of the visit.