STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969186	**09/17/2018**
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 September 17, 2018 a Limited Nursing Services survey and emergency power plan monitoring visit was conducted at Heritage Waterside Assisted Living (License #13013). Deficient practice was not identified during the survey.