STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966890	R **02/22/2019**
NAME OF PROVIDER OR SUPPLIER **WATER'S EDGE ASSISTED LIVING**	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 Change of Ownership and Extended Congregate Care monitoring revisit survey was conducted as a desk review on 02/22/19 for Water's Edge Assisted Living, License #11028 . The facility corrected the previously cited deficiency.