

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969310	(X3) DATE SURVEY COMPLETED 06/04/2019
NAME OF PROVIDER OR SUPPLIER WATERMARK AT VISTAWILLA, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST SR 434 WINTER SPRINGS, FL 32708	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control plan was conducted at Watermark at Vistawilla, located in Winter Springs, Florida on 06/04/2019. There were no deficient practice found at the time of the monitoring visit.