

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/14/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942718	(X3) DATE SURVEY COMPLETED 10/01/2013
NAME OF PROVIDER OR SUPPLIER Westchester Of Sunrise (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 9701 W. Oakland Park Blvd. Sunrise, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An Assisted Living Facility complaint inspection survey (CCR# 2013003704 and 2013009843) was conducted on 10/01/2013. The Westchester of Sunrise had no licensure deficiencies found at the time of visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 17, 2013

Administrator
The Westchester Of Sunrise
9701 W. Oakland Park Blvd.
Sunrise, FL 33351

Re: CCR #2013003704 / #2013009843

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 1, 2013 by a representative from this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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