

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/28/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910786	(X3) DATE SURVEY COMPLETED 01/16/2014
NAME OF PROVIDER OR SUPPLIER Westminster Shores, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 125 56th Avenue, South Saint Petersburg, FL 33705	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A monitoring visit for change of space usage was conducted on 1/17/14 to approve utilization of 18 beds in the Underwood Building for assisted living. The facility is in compliance with applicable fire safety and sanitation standards as evidenced by approval from the local authorities.

The Westminster Shores Inc, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 28, 2014

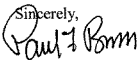
Administrator
Westminster Shores, Inc.
125 56th Avenue, South
Saint Petersburg, FL 33705

Dear Administrator:

This letter reports findings of a monitoring visit for change of space utilization that was conducted on January 16, 2014, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

