



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 8, 2014

Administrator
Westover Home - ARC
1717 Westover Drive
Palatka, FL 32177

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 19, 2013 by a representative of this office. Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/08/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966583	(X3) DATE SURVEY COMPLETED 12/19/2013
NAME OF PROVIDER OR SUPPLIER Westover Home - Arc	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 Westover Drive Palatka, FL 32177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Abbreviated Biennial Licensure Survey in conjunction with an Extended Congregate Care Licensure Survey was conducted 12/19/13 at Westover Home ARC Assisted Living Facility of Palatka, Florida. No discernible deficiencies were identified at the time of the survey. The facility is in compliance.