STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967111	02/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
West Winds Assisted Living Facility	**37411 Eiland Blvd Zephyrhills, FL 33542**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-02/28/2014

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 14, 2014

Administrator
West Winds Assisted Living Facility
37411 Eiland Blvd
Zephyrhills, FL 33542

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and an abbreviated biennial state licensure survey with limited nursing services (LNS) conducted on February 28, 2014, by representative(s) of this office.

Attached are the provider's copies of the State Forms (5000-3547), which indicate the previously cited deficiencies were found corrected on the day of the revisit, and the State (5000-3547) Form, which indicates no deficiencies were found at the time of the visit.

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,

Paul M Romm

FOR Patricia Reid Caufamn
Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161