

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910547	(X3) DATE SURVEY COMPLETED 07/24/2014
NAME OF PROVIDER OR SUPPLIER Westminster Oaks Retirement Co	STREET ADDRESS, CITY, STATE, ZIP CODE 4449 Meandering Way Tallahassee, FL 32308	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-07/24/2014
0078-Staffing Standards - Staff-07/24/2014

0000-Initial Comments

On 07/24/2014 an unannounced Revisit survey was conducted at Westminster Oaks Retirement Community, Inc.
At the time of the Revisit all deficiencies were cleared.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 31, 2014

Administrator
Westminster Oaks Retirement Co
4449 Meandering Way
Tallahassee, FL 32308

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 24, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 me at 850-412-4540.

Sincerely,


Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

DT9D

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