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|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910349</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>07/24/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Westminster Woods On Julington</b>                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>25 State Road 13<br/>Jacksonville, FL 32259</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                 |                                                     |

**List of Tags Cited:**

St - A - 0000 - - Initial Comments

**Specific Tag Findings:**

0000-Initial Comments

An unannounced complaint survey, CCR #2014005662, was conducted on July 24, 2014. Westminster Woods On Julington Creek had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR  
  
ELIZABETH DUDEK  
SECRETARY

August 4, 2014

Administrator  
Westminster Woods On Julington  
25 State Road 13  
Jacksonville, FL 32259

**RE: CCR #2014005662**

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 24, 2014 by a representative of 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.

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 contact this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP  
Health Facility Evaluator Supervisor  
Division of Health Quality Assurance

NH/JM/sm  
Enclosure

