

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910349	(X3) DATE SURVEY COMPLETED 11/13/2014
NAME OF PROVIDER OR SUPPLIER Westminster Woods On Julington	STREET ADDRESS, CITY, STATE, ZIP CODE 25 State Road 13 Jacksonville, FL 32259	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-11/13/2014
 0056-Medication - Labeling And Orders-11/13/2014
 0081-Training - Staff In-Service-11/13/2014
 0090-Training - Do Not Resuscitate Orders-11/13/2014
 0162-Records - Resident-11/13/2014



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

November 20, 2014

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

Dear Administrator:

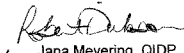
This letter reports the findings of a state licensure survey revisit conducted on November 13, 2014 by a representative of this office.

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.

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 (904) 798-4201.

Sincerely,


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

JPL/JM/sm
Enclosure

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