STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	**10/28/2015**
NAME OF PROVIDER OR SUPPLIER **WESTCHESTER OF SUNRISE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **9701 WEST OAKLAND PARK BLVD** **SUNRISE, FL 33351**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2015008061 & 2015008196 , was conducted at Westchester of Sunrise(the) on 10/28/15. The facility had no deficiencies at the time of the investigation.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Administrator
The Westchester Of Sunrise
9701 West Oakland Park Blvd
Sunrise, FL 33351

RE: CCR #2015008061 & #2015008196

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 28, 2015 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

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