STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966583	R **11/16/2015**
NAME OF PROVIDER OR SUPPLIER **WESTOVER HOME - ARC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1717 WESTOVER DRIVE** **PALATKA, FL 32177**	

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

0000 Initial Comments

A desk review of documents provided was conducted on November 16, 2015 as follow-up survey to a Biennial Licensure with Extended Congregate Care Services. The previously cited deficiency was corrected as a result of the desk review.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

Administrator
Westover Home - ARC
1717 Westover Drive
Palatka, FL 32177

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on November 16, 2015 by a representative of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiency 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

DT9D

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