



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 18, 2016

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 12, 2016 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910547	(X3) DATE SURVEY COMPLETED 04/12/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Biennial (Abbreviated) survey was conducted on 4/12/16 at Westminster Oaks Retirement Assisted Living facility. At the time of survey there were no deficiencies identified.