STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911229	**06/30/2016**
NAME OF PROVIDER OR SUPPLIER **WINTER PARK TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1111 S. LAKEMONT AVENUE** **WINTER PARK, FL 32792**	

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

0000 Initial Comments

An Extended Congregate Care (ECC) monitoring visit was completed on 06/30/2016 at Winter Park Lutheran Towers, 1111 Lakemont Ave., Winter Park 32792, License # 6503. The facility had no deficiencies at the time of the survey.

At the time of the survey, there were no residents receiving Extended Congregate Care services.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 7, 2016

Administrator
Winter Park Towers
1111 S. Lakemont Avenue
Winter Park, FL 32792

RE: Extended Congregate Care survey

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 30, 2016 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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