

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 01/25/2017  
FORM APPROVED**

|                                                                           |                                                                                               |                                                     |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11910547</b>                   | (X3) DATE SURVEY COMPLETED<br><br><b>01/10/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>WESTMINSTER OAKS<br/>RETIREMENT CO</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4449 MEANDERING WAY<br/>TALLAHASSEE, FL 32308</b> |                                                     |

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

**0000 - Initial Comments**

An unannounced complaint survey was conducted to review allegations contained within CCR#2016012245 on 1/10/17 at Westminster Oaks Assisted Living Facility, license number 6119. At the time of survey, no deficient practice was identified.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

January 25, 2017

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

**RE: CCR #2016012245**

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 10, 2017 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 surveyor. Should you have any questions, please contact me at 850-412-4540.

Sincerely,

*For*   
Donah Heiberg, M.S.W.  
Field Office Manager

DH/kc  
Enclosure

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