STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911229	R **02/09/2017**
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER WINTER PARK**	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

A follow up visit to a complaint investigation (CCR 2016012037) was conducted on February 9, 2017. Westminister Winter Park, license #6503, had no deficiencies at the time of the visit.