

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942718	(X3) DATE SURVEY COMPLETED 02/27/2017
NAME OF PROVIDER OR SUPPLIER WESTCHESTER OF SUNRISE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 9701 WEST OAKLAND PARK BLVD SUNRISE, FL 33351	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2016013921, was conducted on 2/27/17 at The Westchester of Sunrise, License # 2016013921. The facility had no deficiencies at the time of the investigation.