

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911229	(X3) DATE SURVEY COMPLETED R 04/11/2017
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 second revisit to the re-licensure survey was conducted on April 11, 2017. Westminster Winter Park, license #6503, had no deficiencies at the time of the visit.