STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910547	R **08/15/2017**
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER OAKS RETIREMENT CO**	STREET ADDRESS, CITY, STATE, ZIP CODE **4449 MEANDERING WAY** **TALLAHASSEE, FL 32308**	

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

0000 - Initial Comments

A desk review revisit complaint survey (CCR #2017004819) was completed on August 15, 2017 for Westminster Oaks Assisted Living Facility on 6/29/2017. Previously cited deficiencies were found corrected.