

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942716	(X3) DATE SURVEY COMPLETED 11/08/2017
NAME OF PROVIDER OR SUPPLIER WESTCHESTER OF WINTER PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 558 N. SEMORAN BLVD. WINTER PARK, FL 32792	

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

0000 - Initial Comments

A Complaint investigation #2017009490 was conducted on 11/08/2017. Westchester of Winter Park, license #7289, had no deficiencies at the time of the visit.