STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911328	R **11/16/2017**
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **70 WEST LUCERNE CIRCLE** **ORLANDO, FL 32801**	

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

0000 - Initial Comments

A revisit to the re-licensure survey including Extended Congregate Care (ECC) was conducted on 11/16/17. Westminster Towers Assisted Living Facility, License #5991 had no deficiencies at the time of the visit.