STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969030	**10/24/2017**
NAME OF PROVIDER OR SUPPLIER **THE MERIDIAN AT WESTWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 MAR WALT DR** **FORT WALTON BEACH, FL 32547**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2017009475 & CCR# 2017011881 was conducted on 10/23/17 and 10/24/17 at The Meridian at Westwood. At the time of the survey, no deficient practice was identified.