

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966583	(X3) DATE SURVEY COMPLETED R 11/30/2017
NAME OF PROVIDER OR SUPPLIER WESTOVER HOME - ARC	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 WESTOVER DRIVE PALATKA, FL 32177	

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

0000 - Initial Comments

On 11/30/17, an unannounced follow-up survey was conducted at the Westover Home-ARC, an assisted living facility (License #10782). No deficient practice was identified at the time of the visit.