STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910547	**04/09/2018**
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

An unannounced abbreviated biennial survey was conducted on 4/9/18 at Westminster Oaks Retirement Community, an assisted living facility in Tallahassee, FL, state license #6119. At the time of survey there were no deficiencies identified.