

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911229	(X3) DATE SURVEY COMPLETED R 05/07/2018
NAME OF PROVIDER OR SUPPLIER WESTMINSTER WINTER PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 1111 S. LAKEMONT AVENUE WINTER PARK, FL 32792	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to the Extended Congregate Care (ECC) monitoring visit was conducted on 05/07/2018. Westminster Winter Park, License#6503, did not have deficiencies at the time of the visit.		