| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910786** | **04/23/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**WESTMINSTER SHORES, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**125 56TH AVENUE, SOUTH**<br>**SAINT PETERSBURG, FL 33705** | |

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

**0000 - Initial Comments**

ASSISTED LIVING FACILITY

A complaint investigation (CCR#2018002085) was conducted at Westminster Shores assisted living facility on 4/23/18. Westminster Shores did not have any deficiencies at the time of the investigation.

(License# 6643)