

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911229	(X3) DATE SURVEY COMPLETED R 08/07/2018
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

8/8/18 desk review conducted to complaint #2018000658. Westminster Winter Park, license #6503, had no deficiencies pertaining to this complaint review.