STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969030	R **08/16/2018**
NAME OF PROVIDER OR SUPPLIER **THE MERIDIAN AT WESTWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 MAR WALT DR** **FORT WALTON BEACH, FL 32547**	

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

0000 - Initial Comments

On August 16, 2018 a desk review revisit was conducted for The Meridian at Westwood, state license #12856. This was a follow-up to an initial survey for Limited Nursing Services (LNS) originally completed on July 19, 2018. Based on an acceptable plan of correction, and supporting documentation, the previously cited deficiencies were found to be corrected at the time of the desk review.