

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942716	(X3) DATE SURVEY COMPLETED 08/15/2018
NAME OF PROVIDER OR SUPPLIER WESTCHESTER OF WINTER PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 558 N. SEMORAN BLVD. WINTER PARK, FL 32792	

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

0000 - Initial Comments

An unannounced complaint investigation (CCR 2018006927) was conducted at Westchester Assisted Living Facility (license 7289), 558 North Semoran Blvd, Winter Park, Florida, on 8/15/2018. No deficient practice was found at the time of the investigation.