

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942718	(X3) DATE SURVEY COMPLETED R 10/11/2018
NAME OF PROVIDER OR SUPPLIER WESTCHESTER OF SUNRISE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 9701 WEST OAKLAND PARK BLVD SUNRISE, FL 33351	

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

0000 - Initial Comments

A unannounced Relicensure revisit survey was completed on 10/11/2018 at Westchester of Sunrise (the), License #7440. All outstanding deficiencies were corrected.