

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/24/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966583	(X3) DATE SURVEY COMPLETED 09/26/2018
NAME OF PROVIDER OR SUPPLIER WESTOVER HOME - ARC	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 WESTOVER DRIVE PALATKA, FL 32177	

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

0000 - Initial Comments

On September 26, 2018, an unannounced Emergency Power Plan Monitoring survey was conducted at Westover Home Arc (License #10782) Palatka, FL. No deficient practice was identified at the time of the survey.

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