

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910349	(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER WESTMINSTER WOODS ON JULINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 25 STATE ROAD 13 JACKSONVILLE, FL 32259	

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

0000 - Initial Comments

An abbreviated licensure survey in conjunction with a complaint investigate CCR #2018015139 was conducted on 11/6/2018 at Westminster Woods on Julington Creek (License #6534). There were no deficiencies found.