STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910786	**11/09/2018**
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER SHORES, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 56TH AVENUE, SOUTH** **SAINT PETERSBURG, FL 33705**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On November 9, 2018, an abbreviated biennial re-licensure survey was conducted at Westminster Shores Assisted Living Facility. At the time of the survey, the facility had no deficient practice.

(License# 6643)