

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942716	(X3) DATE SURVEY COMPLETED R 12/27/2018
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

Revisits to the re-licensure survey was conducted on 12/26/18 to 12/27/18. In addition revisits were conducted for complaint investigation #20180011278 complaint investigation #2018010841. The Westchester of Winter Park license #7289 had no deficiencies at the time of the visit related to complaint investigation #20180011278.