

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942716	(X3) DATE SURVEY COMPLETED 02/07/2019
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 A complaint investigation #2018017010 was conducted on 2/06/19 and 2/07/19. Westchester of Winter Park, license #7289, had no deficiencies at the time of the visit.		