STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969030	R **04/30/2019**
NAME OF PROVIDER OR SUPPLIER **THE MERIDIAN AT WESTWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 MAR WALT DR** **FORT WALTON BEACH, FL 32547**	

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

0000 - Initial Comments

A desk review revisit survey was completed for the complaint survey dated 2/26/19 for The Meridian at Westwood on 4/30/19. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.