

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942716	(X3) DATE SURVEY COMPLETED R 09/10/2019
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 revisit to complaint investigations #2019006958 and #2019008096 was conducted at Westchester of Winter Park on 09/10/2019. No deficiencies were found at the time of the investigation.