STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965531	**04/09/2014**
NAME OF PROVIDER OR SUPPLIER **Wellington Place Of Fort Walton Beach**	STREET ADDRESS, CITY, STATE, ZIP CODE **233 Carmel Drive** **Fort Walton Beach, FL 32547**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0053-Medication - Administration-04/09/2014

0000-Initial Comments
An unannounced re-visit survey was conducted on 4/9/2014. Wellington Place of Fort Walton Beach had no deficiencies at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 15, 2014

Administrator
Wellington Place Of Fort Walton Beach
233 Carmel Drive
Fort Walton Beach, FL 32547

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 9, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia M Heiberg

Patricia Mahan Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

DT9D

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