STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965531	**07/31/2014**
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)		

0000-Initial Comments
An unannounced survey was conducted on 7/31/14 for CCR 2014006485 in conjunction with a Limited Nursing Service monitoring visit. No deficiencies were found at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 6, 2014

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

RE: CCR #2014006485

Dear Administrator:

This letter reports the findings of a Limited Nursing Services survey and a Complaint survey completed on July 31, 2014 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact me at 850-412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

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