

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967802	(X3) DATE SURVEY COMPLETED 06/29/2016
NAME OF PROVIDER OR SUPPLIER WINDSOR OF PALM COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 50 TOWN COURT PALM COAST, FL 32164	

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

0000 Initial Comments

A complaint investigation (CCR #2016007197) was conducted on 6/29/2016 at Windsor of Palm Coast (License #11761). At the time of the survey the complaint was substantiated without deficient practice.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 12, 2016

Administrator
Windsor Of Palm Coast
50 Town Court
Palm Coast, FL 32164

RE: CCR #2016007197

Dear Administrator:

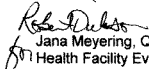
This letter reports the findings of a complaint survey completed on June 29, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 this office at (904) 798-4201.

Sincerely,


Jana Meyering, QIDP
for Health Facility Evaluator Supervisor
Division of Health Quality Assurance

VS/JM/sm
Enclosure

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