

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965578	(X3) DATE SURVEY COMPLETED R 02/27/2017
NAME OF PROVIDER OR SUPPLIER WINDSOR, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2800 60TH AVENUE, WEST BRADENTON, FL 34207	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review was conducted on 02/27/17. The deficient practice previously identified on the Licensure survey conducted 01/13/17 was corrected during the review. Lic # 9932		