STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967802	**02/22/2017**
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 #2016014130) was conducted at Windsor of Palm Coast (license #11761) on 2/22/17. Windsor of Palm Coast had no deficiencies at the time of the investigation.