STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966496	R **03/02/2017**
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF LAKEWOOD RANCH (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **8220 NATURES WAY** **BRADENTON, FL 34202**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 03/02/17. The deficient practice cited during the Biennial Survey on 01/17/17 was cleared during the review.