STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968680	**05/09/2017**
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF JACKSONVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4000 SAN PABLO PARKWAY** **JACKSONVILLE, FL 32244**	

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

0000 Initial Comments

On May 9, 2017 a change of ownership survey was conducted at Windsor of Jacksonville Assisted Living Facility (License number 12539). Deficient practice was not identified during the survey.