STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968644	R **06/21/2017**
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF JACKSONVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5939 ROOSEVELT BOULEVARD** **JACKSONVILLE, FL 32244**	

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

0000 - Initial Comments

All of the deficiencies were found corrected at the time of the desk review.