STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967802	**07/03/2017**
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

An unannounced complaint survey (CCR #2017003729) was conducted on July 3, 2017 at Windsor of Palm Coast. Deficiencies were not identified at the time of the survey.