

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968644	(X3) DATE SURVEY COMPLETED 09/29/2017
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

A complaint survey CCR #2017010773 was conducted at Windsor of Jacksonville on September 21, 2017. Deficiencies were not identified.