STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968680	**12/12/2017**
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

A complaint investigation (CCR#2017009454) was conducted at Windsor of Jacksonville San Pablo (License #12539) on 12/12/2017. Windsor of Jacksonville had no deficiencies at the time of the investigation.