STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966496	**02/27/2018**
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF LAKEWOOD RANCH (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **8220 NATURES WAY** **BRADENTON, FL 34202**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint survey CCR#2017015753 was conducted at The Windsor of Lakewood Ranch Assisted Living Facility on 2/27/2018. The Windsor of Lakewood Ranch Assisted Living Facility had no deficient practice identified at the time of survey.

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