

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/30/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968644	(X3) DATE SURVEY COMPLETED 05/17/2018
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 investigation (CCR #2017008565) was conducted at Windsor of Jacksonville (License #12509) on 5/17/2018. No deficiencies were identified at the time of the investigation.