

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968644	(X3) DATE SURVEY COMPLETED 06/13/2018
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 #2018005090,) was conducted at Windsor of Jacksonville Assisted Living Facility (License #12509) on 06/13/2018. Windsor of Jacksonville Assisted Living Facility had no deficiencies at the time of the investigation.