

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968680	(X3) DATE SURVEY COMPLETED 06/28/2018
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

On June 28, 2018 an unannounced Limited Nursing Services survey was conducted at Windsor of Jacksonville (license #12539). Deficient practice was not identified during the survey.