

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/25/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967802	(X3) DATE SURVEY COMPLETED R 07/23/2018
NAME OF PROVIDER OR SUPPLIER WINDSOR OF PALM COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 50 TOWN COURT PALM COAST, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments All of the deficiencies were found corrected at the time of the desk review.		