STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968680	**10/04/2018**
NAME OF PROVIDER OR SUPPLIER **WINDSOR AT SAN PABLO**	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 October 4, 2018 an unnannounced biennial Assisted Living Facility relicensure survey with Limited Nursing Services survey was conducted at Windsor at San Pablo (Lic. #12539). Deficient practice was not identified during the survey.