

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968644	(X3) DATE SURVEY COMPLETED 10/16/2018
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

On October 16, 2018 an unannounced biennial licensure survey and complaint CCR #2018010540 with Limited Nursing Services was conducted at Windsor of Jacksonville. Deficient practice was not identified during the survey.