STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965578	**11/29/2018**
NAME OF PROVIDER OR SUPPLIER **WINDSOR, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2800 60TH AVENUE, WEST** **BRADENTON, FL 34207**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A Complaint investigation (CCR# 2018014000) was conducted on 11/29/18.

The Windsor, Assisted Living Facility (License #9932), had no deficiencies at the time of this visit.