

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966496	(X3) DATE SURVEY COMPLETED 02/22/2019
NAME OF PROVIDER OR SUPPLIER WINDSOR OF LAKEWOOD RANCH (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 8220 NATURES WAY BRADENTON, FL 34202	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Biennial licensure survey with Limited Nursing Services was conducted on 2/22/19. The Windsor of Lakewood Ranch, Assisted Living Facility (License #10707), had no deficiencies at the time of this visit.		