STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965578	R **03/22/2019**
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 follow-up to a 02/01/2019 was conducted for The Windsor Assisted Living Facility on 03/22/2019. The previously cited deficient practice was found corrected via desk review.

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