

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910374	(X3) DATE SURVEY COMPLETED 05/07/2019
NAME OF PROVIDER OR SUPPLIER WINDSOR COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 N. FLAGLER DR WEST PALM BEACH, FL 33406	

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

0000 - Initial Comments

A complaint investigation (# 2019001978, was conducted at Windsor Court on 05/07/2019. The facility had no deficiencies at the time of the survey.