

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/19/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966496	(X3) DATE SURVEY COMPLETED 06/06/2019
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

A complaint investigation (complaint number 2019003896) was conducted at Windsor of Lakewood Ranch (Assisted Living Facility) on 6/6/19. The facility had no deficiencies at the time of the survey.