STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910374	02/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Windsor Court	3700 N. Flagler Dr West Palm Beach, FL 33406	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Relicensure survey with Limited Mental Health (LMH) was conducted on 2/27/14 and 2/28/14 at Windsor Court. The facility had no licensure deficiencies identified at the time of the visit.

Complaint Inspections (CCR #2013012112, #2013010509, #2014000249, #2014000665 and #2013011982) were conducted on the same dates. Please refer to the separate reports for the findings.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 17, 2014

Administrator
Windsor Court
3700 N. Flagler Dr
West Palm Beach, FL 33406

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on February 28, 2014 by representatives from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

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