| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968311** | **06/04/2014** |
| NAME OF PROVIDER OR SUPPLIER<br>**Windsor Reflections At Lakewood Ranch** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**8230 Natures Way Bradenton, FL 34202** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with limited nursing services (LNS) was conducted on 06/04/14.

The Windsor Reflections at Lakewood Ranch, assisted living facility, had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 18, 2014

Administrator
Windsor Reflections at Lakewood Ranch
8230 Natures Way
Bradenton, FL 34202

Dear Administrator:

This letter reports findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on June 4, 2014, by representative(s) of 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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