



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 23, 2014

Administrator
Windsor at Ocala
2650 SE 18th Avenue
Ocala, FL 34471

Dear Administrator:

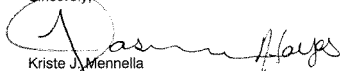
This letter reports the findings of a state licensure survey revisit conducted on September 8, 2014 by representatives of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 this office at (386) 462-6201.

Sincerely,



Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967675	(X3) DATE SURVEY COMPLETED 09/08/2014
NAME OF PROVIDER OR SUPPLIER Windsor At Ocala	STREET ADDRESS, CITY, STATE, ZIP CODE 2650 Se 18th Avenue Ocala, FL 34471	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0165-Risk Mgmt & Qa; Adverse Incident Report-09/08/2014

0000-Initial Comments

An unannounced survey revisit as follow-up to a complaint survey, CCR 2014005195, was conducted at Windsor at Ocala, an assisted living facility in Ocala, FL. Deficient practice was not identified at the time of the survey.