RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 19, 2014

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 10, 2014 by a representative of this office. Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967675	11/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Windsor At Ocala	**2650 Se 18th Avenue Ocala, FL 34471**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Limited Nursing Service monitoring survey was conducted at Windsor at Ocala in Ocala, Florida on November 17, 2014. Licensure deficiencies were not identified as a result of the survey. The facility was in compliance with 58A-5, FAC and Chapter 429, Part I, FS for this survey only.