

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/23/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968311	(X3) DATE SURVEY COMPLETED 06/16/2016
NAME OF PROVIDER OR SUPPLIER WINDSOR REFLECTIONS AT LAKEWOOD RANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 8230 NATURES WAY BRADENTON, FL 34202	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

ASSISTED LIVING FACILITY

A Biennial re-licensure survey with Limited Nursing Services (LNS) was conducted on 6/16/16. The Windsor Reflections at Lakewood Ranch assisted living facility had no deficiencies at the time of the visit.

(License #12217)



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 23, 2016

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 16, 2016 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,

Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

1GGN

