

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/10/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910760	(X3) DATE SURVEY COMPLETED 10/05/2016
NAME OF PROVIDER OR SUPPLIER WINDSOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 411 HAMILTON CRESCENT CLEARWATER, FL 33756	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments Assisted Living Facility An unannounced complaint investigation, (CCR# 2016008485), was conducted at Windsor House on 10/5/2016. Windsor House, Assisted Living Facility, had no deficient practice at the time of the survey. (License # 5606)		



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 10, 2016

Administrator
Windsor House
411 Hamilton Crescent
Clearwater, FL 33756

RE: CCR# 2016008485

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 5, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form

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St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com



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