AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968311	**10/10/2016**
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

Three complaint investigations, (CCR# 2016009011, CCR# 2016009840 & CCR# 2016008698), were conducted at Windsor Reflections at Lakewood Ranch, Assisted Living Facility, on 10/10/16. Windsor Reflections at Lakewood Ranch, Assisted Living Facility, had no deficiencies at the time of the investigation.

(License # 12217)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 24, 2016

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

RE: CCR# 2016009011, CCR# 2016008698, & CCR# 2016008698

Dear Administrator:

This letter reports the findings of three complaint surveys completed on October 10, 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 **Teresa Ryan**, RNC, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

8JK1

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