STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967995	**12/07/2016**
NAME OF PROVIDER OR SUPPLIER **WINNIFRED ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1302 GINZA ROAD NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

Abbreviated re-licensure survey was conducted on 12/07/2016 at Winnifred Assisted Living Facility, License# 11950. There were no deficiencies found at the time of the visit.