

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910374	(X3) DATE SURVEY COMPLETED 02/21/2017
NAME OF PROVIDER OR SUPPLIER WINDSOR COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 N. FLAGLER DR WEST PALM BEACH, FL 33406	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced licensure complaint survey, CCR#2016013579, was conducted on 02/21/2017 at Windsor Court, with license #5943. The facility had no deficiencies at the time of the investigation.		