

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967710	(X3) DATE SURVEY COMPLETED R 03/06/2017
NAME OF PROVIDER OR SUPPLIER WINDSOR OF CAPE CORAL	STREET ADDRESS, CITY, STATE, ZIP CODE 831 SANTA BARBARA RD CAPE CORAL, FL 33991	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 3/6/17 at Windsor of Cape Coral, an assisted living facility (license #11678) in Cape Coral, Florida. This was a follow-up to the limited nursing services survey completed on 1/25/17. The previous deficiencies were found corrected, and no new deficiencies were identified.		