STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968749	R **03/24/2017**
NAME OF PROVIDER OR SUPPLIER **THE WILLOWS AT WILDWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **4725 BELLWETHER LN** **OXFORD, FL 34484**	

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

0000 - Initial Comments

An unannounced follow up survey to the Biennial Licensure Survey was conducted on 3/24/2017 at The Willows at Wildwood (facility license number 12648). The facility followed and completed the Directed Plan of Correction. The facility has no outstanding deficiencies.