STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963861	**04/06/2017**
NAME OF PROVIDER OR SUPPLIER **WINDSOR OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2614 43RD STREET WEST** **BRADENTON, FL 34210**	

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

0000 - Initial Comments

Assisted Living Facility

On April 6, 2017, an abbreviated biennial re-licensure survey was conducted at Windsor Oaks, Assisted Living Facility, with no deficiencies at the time of the visit.

(License # 8726)