STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910753	R **03/27/2017**
NAME OF PROVIDER OR SUPPLIER **WINDSOR PLACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1850 NE 26TH STREET** **WILTON MANORS, FL 33305**	

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

0000 - Initial Comments

A relicensure desk review revisit survey was conducted on 3/20/17 and 3/27/17 for WINDSOR PLACE RETIREMENT HOME (license# 7345). The facility had no deficiencies identified at the time of the survey.