STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969020	R **03/18/2017**
NAME OF PROVIDER OR SUPPLIER **WINDERMERE MEMORY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7901 KIPLING ST** **PENSACOLA, FL 32514**	

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

0000 - Initial Comments

A desk review revisit licensure survey was completed on March 18, 2017 for Windermere Memory Care Inc. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.