

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910760	(X3) DATE SURVEY COMPLETED R 06/14/2017
NAME OF PROVIDER OR SUPPLIER WINDSOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 411 HAMILTON CRESCENT CLEARWATER, FL 33756	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review was conducted on 06/14/17. The deficient practice previously identified during the Biennial survey on 05/30/17 was corrected during the review. Lic # 5606		