STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967710	**10/25/2017**
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF CAPE CORAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **831 SANTA BARBARA RD** **CAPE CORAL, FL 33991**	

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

0000 - Initial Comments

An unannounced complaint survey CCR #2017008505 was completed on 10/25/17 at Windsor Of Cape Coral, an assisted living facility (license #11678) in Cape Coral, Florida.

The complaint contained 2 allegations, of which 2 were unsubstantiated.

No deficiencies were found at the time of the visit.