STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967748	**11/08/2017**
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF VENICE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1600 CENTER RD** **VENICE, FL 34292**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2017009198 was conducted on 11/8/17 at Windsor of Venice, an assisted living facility (license #11714) in Venice, Florida.

The complaint contained 5 allegations, of which 5 were unsubstantiated.

No deficiencies were found at the time of the visit.