STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963861	R **01/04/2018**
NAME OF PROVIDER OR SUPPLIER **WINDSOR OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2614 43RD STREET WEST** **BRADENTON, FL 34210**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 1/04/18 to the change of ownership (CHOW) state licensure survey of 11/27/17. At the time of the desk review, it was determined that the previously cited deficiencies at Windsor Oaks, Assisted Living Facility, had been corrected.

(License # 8726)