

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/10/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969020	(X3) DATE SURVEY COMPLETED 01/03/2018
NAME OF PROVIDER OR SUPPLIER WINDERMERE MEMORY CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7901 KIJILING ST PENSACOLA, FL 32514	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2017009867 was conducted at Windermere Memory Care Assisted Living Facility on 1/2/18. No deficient practice was identified at the time of the survey.