STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967748	**01/24/2018**
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 abbreviated biennial and limited nursing service relicensure survey was conducted on 1/24/18 at Windsor Of Venice, an Assisted Living Facility (license #11714) in Venice, Florida.

No deficiencies were found at the time of the visit.