STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967675	**03/05/2018**
NAME OF PROVIDER OR SUPPLIER **WINDSOR AT OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2650 SE 18TH AVENUE** **OCALA, FL 34471**	

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

0000 - Initial Comments

On March 5, 2018, an abbreviated biennial survey with Limited Nursing Service monitoring was conducted at Windsor At Ocala (License #11656). No deficient practice was identified at the time of the survey.