

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969283	(X3) DATE SURVEY COMPLETED 03/21/2018
NAME OF PROVIDER OR SUPPLIER ATRIA AT VILLAGES OF WINDSOR	STREET ADDRESS, CITY, STATE, ZIP CODE 9130 HYPOLUXO RD LAKE WORTH, FL 33467	

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

0000 - Initial Comments

An announced initial licensure survey was conducted on 03/21/2018 at Atria At Villages of Windsor. The facility had no deficiencies found at the time of the visit.