STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969360	**03/29/2018**
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF GAINESVILLE ASSISTED LIVING & MEMORY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3605 NW 83RD ST** **GAINESVILLE, FL 32606**	

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

0000 - Initial Comments

On March 29, 2018, an initial licensure survey was conducted at Windsor of Gainesville Assisted Living. The survey team did not identify any deficiencies at the time of the survey.