STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967710	R **04/02/2018**
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF CAPE CORAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **831 SANTA BARBARA RD** **CAPE CORAL, FL 33991**	

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

0000 - Initial Comments

An unannounced revisit survey was completed on 4/2/18 at Windsor of Cape Coral, an assisted living facility (license #11678) in Cape Coral, Florida.

This was a follow-up to a biennial and limited nursing services survey completed on 1/30/18.

The previous deficiencies were found corrected and no new deficiencies were identified.