STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969360	**04/11/2018**
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 April 11, 2018 a Licensed Nursing Services (LNS) initial licensing survey was conducted at Windsor of Gainesville Assisted Living and Memory Care. No deficiencies were found at the time of survey.