

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910374	(X3) DATE SURVEY COMPLETED R 05/25/2018
NAME OF PROVIDER OR SUPPLIER WINDSOR COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 N. FLAGLER DR WEST PALM BEACH, FL 33406	

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

0000 - Initial Comments

An unannounced Relicensure survey revisit was completed on 05/25/2018 at Windsor Court (Lic#5943). All outstanding deficiencies were corrected.