STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968311	R **07/19/2018**
NAME OF PROVIDER OR SUPPLIER **WINDSOR REFLECTIONS AT LAKEWOOD RANCH**	STREET ADDRESS, CITY, STATE, ZIP CODE **8230 NATURES WAY** **BRADENTON, FL 34202**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 7/19/18 to the abbreviated biennial state relicensure survey with limited nursing services (LNS) of 5/23/18. At the time of the desk review, it was determined that the previously cited deficiencies at Windsor Reflections at Lakewood Ranch, Assisted Living Facility, had been corrected.

(License # 12217)