

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967748	(X3) DATE SURVEY COMPLETED 11/29/2018
NAME OF PROVIDER OR SUPPLIER WINDSOR OF VENICE	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 CENTER RD VENICE, FL 34292	

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

0000 - Initial Comments

An unannounced Limited Nursing Services monitoring survey was conducted 11/29/18 at Windsor of Venice, an assisted living facility (license #11714) in Venice, Florida.

No deficiencies were found at the time of the visit.