STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910753	R **01/14/2019**
NAME OF PROVIDER OR SUPPLIER **WINDSOR PLACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1850 NE 26TH STREET** **WILTON MANORS, FL 33305**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted by desk review on 01/14/2019 for Windsor Place Retirement Home, License #7345. All previously cited deficiencies were found corrected at the time of the survey.