

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968749	(X3) DATE SURVEY COMPLETED 11/07/2018
NAME OF PROVIDER OR SUPPLIER THE WILLOWS AT WILDWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 4725 BELLWETHER LN OXFORD, FL 34484	

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

0000 - Initial Comments

On November 7, 2018, an unannounced complaint investigation survey (CCR #2018013280) was conducted at The Willows at Wildwood Assisted Living Facility (License #12648), Oxford, Florida. No deficient practice was identified at the time of the survey.