

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910753	(X3) DATE SURVEY COMPLETED 01/30/2019
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 licensure complaint survey, CCR#2018017666 was conducted on 1/30/2019 at Windsor Place Retirement Home, License #7345. The facility had no deficiencies at the time of the survey.		