STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968749	C **02/28/2019**
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 February 27, 2019 through February 28, 2019, an unannounced biennial re-licensure survey in conjunction with Emergency Power Plan monitoring and Limited Nursing Services (LNS) monitoring survey was conducted at The Willows at Wildwood Assisted Living Facility (License #12648). No deficient practice was identified at the time of the survey.