STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969199	R **06/03/2019**
NAME OF PROVIDER OR SUPPLIER **WINDERMERE ASSISTED LIVING FACILITY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7050 BRAMLEA LN** **WINDERMERE, FL 34786**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Windermere Assisted Living Facility Corp on 6/3/19. Deficiencies were found to be corrected at the time of the survey.