STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968311	**05/29/2019**
NAME OF PROVIDER OR SUPPLIER **WINDSOR REFLECTIONS AT LAKEWOOD RANCH**	STREET ADDRESS, CITY, STATE, ZIP CODE **8230 NATURES WAY** **BRADENTON, FL 34202**	

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

0000 - Initial Comments

A complaint investigation (complaint number 2019003031) was conducted at Windsor Reflections at Lakewood Ranch (Assisted Living Facility) on 5/29/19. The facility had no deficiencies at the time of the survey.