Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969869	A. BUILDING: _____ B. WING _____	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTIS VENICE LLC	1020 N TAMIAMI TRL VENICE, FL 34285

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure, limited nursing services, emergency power plan monitoring, health facility reporting system, visitation form and complaint survey for #2023000242, #2023004938, #2023009308, # 2023015748, #2023013612, & #2024001691 was conducted on 10/23/24, at Heartis Venice LLC, an assisted living facility in Venice, Florida. Complaint #2023000242 was substantiated without citation. Complaint #2023004938 was substantiated without citation. Complaint #2023009308 was substantiated without citation. Complaint #2023015748 was substantiated without citation. Complaint #2023013612 was not substantiated. Complaint #2024001691 was not substantiated. There were no deficiencies found at the time of the survey. .	A 000		