STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968551	**10/02/2013**
NAME OF PROVIDER OR SUPPLIER **Gardens Of Venice Retirement Residence**	STREET ADDRESS, CITY, STATE, ZIP CODE **2901 Jacaranda Blvd** **Venice, FL 34293**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments

Specific Tag Findings:

This is an initial licensure survey conducted on 10/2/13 at The Gardens of Venice, an Assisted Living Facility.

No deficiencies were noted during this initial visit. The facility is recommended for a Standard License with a capacity of 50.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 3, 2013

Administrator
Gardens Of Venice Retirement Residence
2901 Jacaranda Blvd
Venice, FL 34293

Dear Administrator:

This letter reports findings of an initial licensure survey that was conducted on October 2, 2013 by representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ec
Enclosure: State Form

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