

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967748	(X3) DATE SURVEY COMPLETED 07/23/2014
NAME OF PROVIDER OR SUPPLIER Windsor Of Venice	STREET ADDRESS, CITY, STATE, ZIP CODE 600 Center Rd Venice, FL 34292	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-07/23/2014

0054-Medication - Records-07/23/2014

0078-Staffing Standards - Staff-07/23/2014

This is a second follow-up to the Biennial and Limited Nursing Service (LNS) survey conducted at Windsor of Venice an Assisted Living Facility (ALF) on 7/24/14.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

0054-Medication - Records 58A-5.0185(5) FAC

0078-Staffing Standards - Staff 58A-5.019(2) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 5, 2014

Administrator
Windsor Of Venice
600 Center Rd
Venice, FL 34292

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) survey revisit conducted on July 23, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

A handwritten signature in cursive script, appearing to read "Harold D. Williams".

Harold D. Williams
Field Office Manager

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Enclosure: State Form

