STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922298	**08/27/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Family Traditions Iii	**352 Lake Road Venice, FL 34293**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0090-Training - Do Not Resuscitate Orders-08/27/2014
0093-Food Service - Dietary Standards-08/27/2014
0152-Physical Plant - Safe Living Environ/other-08/27/2014
0161-Records - Staff-08/27/2014
0167-Resident Contracts-08/27/2014

A follow-up to the Relicensure survey was completed on 8/27/14 at Family Traditions LLC, Assisted Living Facility (ALF) in Venice, Florida.

All previous citations have been substantially improved or corrected.

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

0090-Training - Do Not Resuscitate Orders 58A-5.0191(11) FAC

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

0161-Records - Staff 58A-5.024(2) FAC

0167-Resident Contracts 58A-5.025 FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 2, 2014

Administrator
Family Traditions III
352 Lake Road
Venice, FL 34293

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 27, 2014 by a representative 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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