STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968551	**10/01/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gardens Of Venice Retirement Residence	**2901 Jacaranda Blvd Venice, FL 34293**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced Complaint Survey, CCR#2014008459 and CCR# 2014009497 were conducted on 10/1/14 at Gardens of Venice Retirement Residence, an Assisted Living Facility (ALF) in Venice, Florida.

There were 6 allegations in CCR#2014008459 which were not substantiated. There were 2 allegations in CCR#2014009497 which were not substantiated.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 14, 2014

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

RE: CCR #2014008459 & 2014009497

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 1, 2014 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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