

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968551	(X3) DATE SURVEY COMPLETED 11/24/2014
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)		

This is the results of a Complaint Survey, CCR #2014009963, completed on 11/24/14 at Gardens of Venice Retirement Residence in Venice, Florida.

The allegations were not substantiated.

At the time of the survey no deficiencies were identified at Gardens of Venice Retirement Residence.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 5, 2014

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

RE: CCR #2014009963

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 24, 2014 by representatives 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 surveyors. Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Seehawer".

Jon Seehawer, R.N.
Acting Field Office Manager

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Enclosure: State Form

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