STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967748	**02/02/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Windsor Of Venice	**600 Center Rd Venice, FL 34292**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Specific Tag Findings:
An unannounced complaint survey for CCR# 2014011119 was conducted on 02/02/2015 at Windsor at Venice,an Assisted Living Facility in Venice FL.

The complaint contained one allegation of which was not substantiated.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 13, 2015

Administrator
Windsor Of Venice
600 Center Rd
Venice, FL 34292

CCR #2014011119

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on February 2, 2015 by a 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,

Jon Seehawer, RN
Acting Field Office Manager

JS:ec
Enclosure: State Form

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