STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910134	R **04/24/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
VILLAGE ON THE ISLE	**930 SOUTH TAMIAMI TRAIL VENICE, FL 34285**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

This is the follow-up to the Biennial survey conducted in conjunction with Complaint survey CCR# 2015002068 at Village on the Isle, an Assisted Living Facility in Venice, Florida.

This follow-up was completed on 4/21/15 by desk review of material submitted to the Agency for Health Care Administration Area 8 office by the facility.

All citations were cleared by this desk review.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 21, 2015

Administrator
Village On The Isle
930 South Tamiami Trail
Venice, FL 34285

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on April 24, 2015 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 desk review. **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,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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