STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964825	R **05/19/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SUNSET LAKE VILLAGE	**1121 JACARANDA BLVD VENICE, FL 34292**	

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

0000 - Initial Comments

An unannounced follow-up to the Biennial and Limited Nursing Service (LNS) survey was conducted on 5/19/15 at Sunset Lake Village, an Assisted Living Facility (ALF) in Venice, Florida.

All deficiencies were found to be cleared at the time of the visit.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11964825	A. Building B. Wing	5/19/2015

Name of Facility	Street Address, City, State, Zip Code
SUNSET LAKE VILLAGE	1121 JACARANDA BLVD VENICE, FL 34292

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix **A0030**	**05/19/2015**	ID Prefix **A0056**	**05/19/2015**	ID Prefix **A0078**	**05/19/2015**
Reg. # **58A-5.0182(6) FAC; 429.28**		Reg. # **58A-5.0185(7) FAC**		Reg. # **58A-5.019(2) FAC**	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix **A0081**	**05/19/2015**	ID Prefix **A0082**	**05/19/2015**	ID Prefix **A0090**	**05/19/2015**
Reg. # **58A-5.0191(2) FAC**		Reg. # **58A-5.0191(3) FAC**		Reg. # **58A-5.0191(11) FAC**	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix **A0093**	**05/19/2015**	ID Prefix		ID Prefix	
Reg. # **58A-5.020(2) FAC**		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	[signature], HFSR	5-26-15	LAURA OLIVO, RN	5-26-15
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on: 3/26/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 26, 2015

Administrator
Sunset Lake Village
1121 Jacaranda Blvd
Venice, FL 34292

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 19, 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, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

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