STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964559	R **06/23/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE VENICE ISLAND	**1200 AVENIDA DEL CIRCO VENICE, FL 34285**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 6/23/15 for Brookdale Venice Island, an Assisted Living Facility (ALF) located in Venice, Florida.

The follow-up was in response to the Biennial and Limited Nursing Services (LNS) survey completed on 5/20/15.

Based on the facility's supporting documentation, the deficiencies were corrected as of 6/23/15.

State Form: Revisit Report

(Y1) **Provider / Supplier / CLIA / Identification Number**
AL11964559

(Y2) **Multiple Construction**
A. Building
B. Wing

(Y3) **Date of Revisit**
6/23/2015

Name of Facility
BROOKDALE VENICE ISLAND

Street Address, City, State, Zip Code
1200 AVENIDA DEL CIRCO
VENICE, FL 34285

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC	**06/23/2015**	ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC	**06/23/2015**	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By** [signature], HFES	**Date:** 6-23-15	**Signature of Surveyor:** [signature], HFES	**Date:** 6-23-15
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:
5/20/2015

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

June 23, 2015

Administrator
Brookdale Venice Island
1200 Avenida Del Circo
Venice, FL 34285

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on June 23, 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

sh
Enclosure: State Form and Revisit Report

DT9D

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com

Agency for Health Care Administration
State Facilities Only Tracking Sheet

Information in the attached documents may be confidential and subject to HIPPA regulations

Facility Name and Address:
Brookdale Venice Island

ASPEN Event ID:
T36P12

Field Office:
08

Survey Date(s):
6/23/15

Surveyor:
Dd

Kit Submitted By:
SH

CCR:

Facility Type:

- ☐Abortion Clinic
- ☐Adult Day Care Centers (ADCC)
- ☐Adult Family Care Home (AFCH)
- ☒Assisted Living Facility (ALF)
- ☐Birth Center (BC)
- ☐Crisis Stabilization Unit (CSU)
- ☐Health Care Clinic (HCC)
- ☐Organ and Tissue Procurement (O&T)
- ☐Residential Treatment Center (RTC)
- ☐Residential Treatment Facility (RTF)
- ☐Short Term Residential Treatment Facility (SRT)
- ☐Other: Nurse Registry (Nr)

Survey Type:

- ☐Initial Licensure
- ☐Relicensure
- ☐Abbreviated
- ☐Standard
- ☐Life Safety
- ☐LNS Monitoring
- ☐ECC Monitoring
- ☐Monitoring Visit
- ☐Discharge
- ☐Complaint
- ☒Revisit
- ☐Other:

Initial, Renewals, Life Safety LNS/ECC Monitoring, and Discharge:

- ☐Field Office Letter to Facility
- ☐3020 or 5000 Statement of Deficiencies

Complaint:

- ☐Field Office Letter to Facility
- ☐Letter to Complainant (If Applicable)
- ☐3020 or 5000 Statement of Deficiencies
- ☐Complaint Summary
- ☐Complaint Investigation Form (CIF)

Revisit:

- ☒Field Office Letter to Facility
- ☒3020 or 5000 Statement of Deficiencies
- ☒State Form: Revisit Report

Optional Information

1) **Administrator:** _____
2) **Phone Number:** _____
3) **Fax Number:** _____
4) **Current Census:** _____
5) **ECC Census:** _____
6) **LNS Census:** _____
7) **Number of Deficiencies:** _____

_____
Reviewers Signature

_____
Approval Date