STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966091	**08/04/2015**
NAME OF PROVIDER OR SUPPLIER **JACARANDA TRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 WILLAIM PENN WAY** **VENICE, FL 34293**	

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

0000 Initial Comments

These are the results of an Extended Congregate Care (ECC) survey that was conducted on 8/4/15 at Jacaranda Trace an Assisted Living Facility (ALF) located in Venice, Florida.

No Deficiencies were identified at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 11, 2015

Administrator
Jacaranda Trace
3600 Willaim Penn Way
Venice, FL 34293

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on August 4, 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,

David Day for

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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