

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/29/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967748	(X3) DATE SURVEY COMPLETED 09/22/2015
NAME OF PROVIDER OR SUPPLIER WINDSOR OF VENICE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 CENTER RD VENICE, FL 34292	

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

0000 Initial Comments

On 9/22/15 an unannounced Complaint Survey, CCR #2015007185 was conducted at Windsor of Venice, an Assisted Living Facility (ALF) in Venice, Florida.

The complaint contained 1 allegation of which 1 was substantiated without deficiency.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 29, 2015

Administrator
Windsor Of Venice
600 Center Rd
Venice, FL 34292

RE: CCR #2015007185

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 22, 2015 by representatives of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 surveyors. Should you have any questions, please contact 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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