STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968551	12/14/2015
NAME OF PROVIDER OR SUPPLIER **GARDENS OF VENICE RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2901 JACARANDA BLVD** **VENICE, FL 34293**	

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

0000 Initial Comments

An unannounced Complaint Survey, CCR #2015010132 was conducted on 12/14/15 at The Gardens of Venice, an Assisted Living Facility in Venice, Florida.

The complaint contained 2 allegations, of which 2 were unsubstantiated.

No deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 17, 2015

Administrator
Gardens Of Venice Retirement Residence
2901 Jacaranda Blvd
Venice, FL 34293

RE: CCR #2015010132

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 14, 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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