STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968902	**12/29/2015**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA GARDENS LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **350 MAGNOLIA RD** **VENICE, FL 34293**	

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

0000 Initial Comments

An announced initial licensure survey was conducted on 12/29/15 at Magnolia Gardens, an Assisted Living Facility, located in Venice, Florida.

No deficiencies were found at time of survey. Recommend licensure.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 4, 2016

Administrator
Magnolia Gardens LLC
350 Magnolia Rd
Venice, FL 34293

Dear Administrator:

This letter reports the findings of an initial Licensure survey completed on December 29, 2015 by representatives 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. **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 surveyors. 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

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