

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/23/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964559	(X3) DATE SURVEY COMPLETED C 02/18/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE VENICE ISLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 AVENIDA DEL CIRCO VENICE, FL 34285	

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

0000 Initial Comments

An unannounced Complaint survey for CCR# 2016001025 was conducted on 2/18/16 at Brookdale Venice Island, an Assisted Living Facility in Venice, Florida.

There were 5 allegations of which 0 were substantiated,

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 23, 2016

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

RE: CCR #2016001025

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 18, 2016 by a representative 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 surveyor. 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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