

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/16/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967748	(X3) DATE SURVEY COMPLETED 03/09/2016
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

An unannounced complaint investigation CCR #2016001897 was conducted on 3/9/16, at Windsor of Venice, an Assisted Living Facility located in Venice, Florida.

There were 2 allegations in the complaint, 1 of which was substantiated without deficiency.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 16, 2016

Administrator
Windsor Of Venice
600 Center Rd
Venice, FL 34292

RE: CCR #2016001897

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 9, 2016 by representative(s) 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(s). 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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