

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/16/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964559	(X3) DATE SURVEY COMPLETED R 06/18/2014
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

These are the results of an unannounced Limited Nursing Services (LNS) survey conducted on 6/18/14 at Clare Bridge of Venice an Assisted Living Facility (ALF).

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11964559	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/18/2014
NAME OF FACILITY BROOKDALE VENICE ISLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 AVENIDA DEL CIRCO VENICE, FL 34285	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix AN278	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 58A-5.031(3) FAC	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/18/2014	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 3/13/2014	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 27, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 18, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **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 surveyor(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form and Revisit Report

DT9D

