STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969091	10/17/2016
NAME OF PROVIDER OR SUPPLIER **TUSCAN GARDENS OF VENETIA BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **841 VENETIA BAY BLVD** **VENICE, FL 34285**	

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

0000 Initial Comments

An announced initial licensure survey was conducted 10/17/16 at Tuscan Gardens, an Assisted Living Facility in Port Charlotte, Florida.

No deficiencies were found at time of survey. Licensure for 150 beds is recommended.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 24, 2016

Administrator
Tuscan Gardens Of Venetia Bay
841 Venetia Bay Blvd
Venice, FL 34285

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on October 17, 2016 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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