STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966091	**12/20/2016**
NAME OF PROVIDER OR SUPPLIER **JACARANDA TRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 WILLAIM PENN WAY** **VENICE, FL 34293**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey with extended congregate care services was conducted on 12/20/16 at Jacaranda Trace, an assisted living facility (license #10358) in Venice, Florida.

No deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 29, 2016

Administrator
Jacaranda Trace
3600 Willaim Penn Way
Venice, FL 34293

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 20, 2016 by representative(s) 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.

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,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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