STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965273	R 02/07/2017
NAME OF PROVIDER OR SUPPLIER **HARBOR INN OF VENICE SOUTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **160 RUTLAND ROAD** **VENICE, FL 34293**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 2/7/17 for Harbor Inn of Venice South, an assisted living facility (license #9691) in Venice, Florida. The follow-up was in response to the complaint survey for CCR #2016011481 was completed on 11/21/16.

Based on the facility's supporting documentation, the deficiencies were corrected as of 2/7/17.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 8, 2017

Administrator
Harbor Inn Of Venice South
160 Rutland Road
Venice, FL 34293

Dear Administrator:

This letter reports the findings of a state licensure survey revisit by desk review conducted on February 7, 2017 by a representative of this office.

The previously cited deficiencies were found corrected by this desk review. **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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS:ec
Enclosure: State (5000-3547) Form

DT9D

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