STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942766	R **02/09/2017**
NAME OF PROVIDER OR SUPPLIER **HARBOR INN OF VENICE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **321 HARBOR DRIVE** **VENICE, FL 34285**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 2/9/17 at Harbor Inn of Venice, an assisted living facility (license #8268) in Venice, Florida. This was a follow-up to the complaint survey for CCR #2016011760 and CCR #2016102372 completed on 11/21/16.

The previous deficiencies were found corrected and no new deficiencies were identified.