

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968551	(X3) DATE SURVEY COMPLETED 02/23/2017
NAME OF PROVIDER OR SUPPLIER GARDENS OF VENICE RETIREMENT RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 JACARANDA BLVD VENICE, FL 34293	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted 2/22/17 through 2/23/17 at Garden of Venice Retirement Residence, an assisted living facility (license #12423) in Venice, Florida.

No deficiencies were found at the time of the visit.