

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964825	(X3) DATE SURVEY COMPLETED R 05/04/2017
NAME OF PROVIDER OR SUPPLIER SUNSET LAKE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1121 JACARANDA BLVD VENICE, FL 34292	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on _____ at Sunset Lake Village, an Assisted Living Facility (license #9325) located in Venice, Florida. This was a follow-up to the relicensure survey completed on _____. Two of the previous deficiencies were found corrected, one of the original deficiencies was recited and no new deficiencies were identified. 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interviews, the facility failed to maintain a clean and sanitary environment. The findings included: On _____ during a tour of the facility with the Executive Director revealed the following observations: 1.) Carpets soiled and stained in Forest level 3 common area, Lilac level 2, Lilac level 3 hallways, Lilac level one common area, and hallways. 2.) Large water stains in carpet of hallway of upper lobby and outside of Country Kitchen, Rose level 3. 3.) Carpets heavily soiled outside _____ 201, 202, 240, and 340. 4.) The linoleum on the elevator floors remained marred. On _____ at 11:00 a.m., the facility maintenance supervisor said the carpets in the common areas, hallways, and outside _____ had been cleaned several times and that essentially the carpet is worn. On _____ at 11:15 a.m., the Executive Director confirmed the areas noted above remained areas of concern. Class III		