

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966091	(X3) DATE SURVEY COMPLETED 05/09/2017
NAME OF PROVIDER OR SUPPLIER JACARANDA TRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 WILLIAM PENN WAY VENICE, FL 34293	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced extended congregate care monitoring survey was conducted 5/9/17 at Jacaranda Trace, an assisted living facility (license #10358) located in Venice, Florida. No deficiencies were found at the time of the visit.		