STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953211	R **05/09/2017**
NAME OF PROVIDER OR SUPPLIER **FRENCH BLOSSOMS TWO, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1782 COCONUT DRIVE** **VENICE, FL 34293**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 5/9/17 at French Blossoms Two, an assisted living facility (license number #8446) located in Venice, Florida.

This was a follow up to the relicensure survey completed on 3/7/17.

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