STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964825	R **06/15/2017**
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 6/15/17 at Sunset Lake Village, an assisted living facility (license #9325) located in Venice, Florida. This was the second follow-up to the re-licensure survey completed on 3/2/17.

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