

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964559	(X3) DATE SURVEY COMPLETED R 06/14/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE VENICE ISLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 AVENIDA DEL CIRCO VENICE, FL 34285	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 06/14/17 at Brookdale Venice Island, a assisted living facility (license #9071) in Venice, Florida. This was a follow-up to the re-license survey completed on 04/25/17. The previous deficiencies were found corrected and no new deficiencies were identified.		