

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964825	(X3) DATE SURVEY COMPLETED 11/07/2017
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 complaint survey for CCR# 2017009224 was conducted on 11/7/17 at Sunset Lake Village, an assisted living facility (license # 9325) in Venice, Florida. The complaint contained one allegation, of which was unsubstantiated. No deficiencies were found at the time of the visit.		