STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942766	**11/20/2017**
NAME OF PROVIDER OR SUPPLIER **HARBOR INN OF VENICE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **321 HARBOR DRIVE** **VENICE, FL 34285**	

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

0000 - Initial Comments

An unannounced biennial survey was conducted on 11/20/17 at Harbor Inn of Venice, Inc., an assisted living facility (license#8268) in Venice, Florida.

No citations were issued as a result of this survey.