

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967791	(X3) DATE SURVEY COMPLETED 12/07/2017
NAME OF PROVIDER OR SUPPLIER A BANYAN RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 100 BASE AVE EAST VENICE, FL 34285	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR# 2017014447 was conducted on 12/7/17 at A Banyan Residence, an assisted living facility (license #11794) in Venice, Florida. The complaint contained 2 allegations, of which 2 were unsubstantiated. No deficiencies were found at the time of the visit.		