STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967791	R **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 revisit survey was conducted on 12/7/17 at A Banyan Residence, an assisted living facility (license #11794) in Venice, Florida.

This was a follow-up to the relicensure survey completed on 9/19/17.

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

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