

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968551	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF PROVIDER OR SUPPLIER GARDENS OF VENICE RETIREMENT RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 JACARANDA BLVD VENICE, FL 34293	

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

0000 - Initial Comments

An unannounced complaint survey for CCR#2017014361 was conducted on 1/24/18 at Gardens of Venice Retirement Residence, an assisted living facility (license #12423) in Venice, Florida.

The complaint contained 2 allegations which were unsubstantiated.

No deficiencies were found at the time of the visit.