STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966091	R **02/09/2018**
NAME OF PROVIDER OR SUPPLIER **JACARANDA TRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 WILLIAM PENN WAY** **VENICE, FL 34293**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 2/9/18 for Jacaranda Trace, an assisted living facility (license #10358) in Venice, Florida. The follow-up was in response to the extended congregate care (ECC) monitoring survey which was conducted 12/27/17.

Based on the facility's supporting documentation the deficiency was corrected as of 1/8/18.