

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966091	(X3) DATE SURVEY COMPLETED 03/27/2018
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 An unannounced extended congregate care monitoring survey was conducted on 3/27/18 at Jacaranda Trace, an assisted living facility (license #10358) in Venice, Florida. No deficiencies were found at the time of the visit.		