STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969329	**04/24/2018**
NAME OF PROVIDER OR SUPPLIER **AUTUMN LEAVES OF VENICE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2321 E VENICE AVE** **VENICE, FL 34292**	

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

0000 - Initial Comments

An announced initial licensure survey was completed from 4/18/18 to 4/24/18 at Autumn Leaves of Venice, an assisted living facility in Venice, Florida. No deficiencies were identified by 4/24/18.

Autumn Leaves of Venice is recommended for a Standard license with Limited Nursing Services for a capacity of 54 effective 4/24/18.