STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968902	R **04/16/2018**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA GARDENS LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **350 MAGNOLIA RD** **VENICE, FL 34293**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 4/16/18 at Magnolia Gardens LLC, an assisted living facility (license #12776) in Venice, Florida. This was a third follow-up to the relicensure survey on 10/26/17.

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