

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967791	(X3) DATE SURVEY COMPLETED R 03/13/2018
NAME OF PROVIDER OR SUPPLIER A BANYAN RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 100 BASE AVE EAST VENICE, FL 34285	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 3/13/18 at A Banyan Residence, an assisted living facility (license #11794) in Venice, Florida.

This was a follow-up to the complaint survey completed on 1/3/18.

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