| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11942766** | **05/15/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**HARBOR INN OF VENICE, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**321 HARBOR DRIVE**<br>**VENICE, FL 34285** | |

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

**0000 - Initial Comments**

An unannounced change of ownership survey was conducted on 5/15/18 at Harbor Inn of Venice, an assisted living facility (license #8268) in Venice, Florida.

No deficiencies were found at the time of the visit.