

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953211	(X3) DATE SURVEY COMPLETED 05/24/2018
NAME OF PROVIDER OR SUPPLIER FRENCH BLOSSOMS TWO, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1782 COCONUT DRIVE VENICE, FL 34293	

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

0000 - Initial Comments

An unannounced Change of Ownership survey was conducted on 5/24/18 at French Blossoms LLC, an assisted living facility (license #8446) in Venice, Florida.

No deficiencies were found at the time of the visit.