STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964559	**06/27/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE VENICE ISLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 AVENIDA DEL CIRCO** **VENICE, FL 34285**	

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

0000 - Initial Comments

An unannounced limited nursing service survey was conducted 6/27/18 at Brookdale of Venice, an assisted living facility (license #9071) in Venice, Florida.

No deficiencies were found at the time of the visit.