STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922298	R **09/12/2018**
NAME OF PROVIDER OR SUPPLIER **FAMILY TRADITIONS III**	STREET ADDRESS, CITY, STATE, ZIP CODE **352 LAKE ROAD** **VENICE, FL 34293**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 9/12/18 for Family Traditions III, an assisted living facility (license #8038) in Venice, Florida.

The follow-up was in response to the emergency power plan monitoring visit which was conducted on 7/25/18.

Based on the facility's supporting documentation, the deficiency was corrected as of 9/12/18.