STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964825	**09/12/2018**
NAME OF PROVIDER OR SUPPLIER **SUNSET LAKE VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1121 JACARANDA BLVD** **VENICE, FL 34292**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR#2018009855 was conducted 9/12/18 at Sunset Lake Village, an assisted living facility (license #9325) in Venice, Florida.

The complaint contained 1 allegation which was substantiated.

The deficiency was cited as an uncorrected citation on the unannounced follow-up to a previous complaint survey. This follow-up was conducted with this survey.