

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942766	(X3) DATE SURVEY COMPLETED R 09/19/2018
NAME OF PROVIDER OR SUPPLIER HARBOR INN OF VENICE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 321 HARBOR DRIVE VENICE, FL 34285	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 9/19/18 at Harbor Inn, an assisted living facility (license #8268) in Venice, Florida.

This was a follow-up to the emergency power plan monitoring visit completed on 7/25/18.

The previous deficiency was found corrected and no new deficiencies were identified.