

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964825	(X3) DATE SURVEY COMPLETED R 10/29/2018
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 revisit survey was conducted on 10/29/18 at Sunset Lake Village, an assisted living facility (license #9325) located in Venice, Florida.

This was a follow-up to a complaint survey completed on 7/25/18.

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