

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965273	(X3) DATE SURVEY COMPLETED R 01/02/2019
NAME OF PROVIDER OR SUPPLIER HARBOR INN OF VENICE SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 160 RUTLAND ROAD VENICE, FL 34293	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 1/2/19 at Harbor Inn of Venice South, an assisted living facility (license number #9691) in Venice, Florida.

This was a second follow up to the emergency power plan monitoring survey completed on 8/5/18.

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