

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967791	(X3) DATE SURVEY COMPLETED 01/18/2019
NAME OF PROVIDER OR SUPPLIER A BANYAN RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 100 BASE AVE EAST VENICE, FL 34285	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring survey was conducted on 1/18/19 at A Banyan Residence, an assisted living facility (license #11794) in Venice, Florida.

No deficiencies were found at the time of the visit.