STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910134	**02/11/2019**
NAME OF PROVIDER OR SUPPLIER **VILLAGE ON THE ISLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **930 SOUTH TAMIAMI TRAIL** **VENICE, FL 34285**	

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

0000 - Initial Comments

An unannounced abbreviated biennial and limited nursing services survey was conducted on 2/ 11/19 at Village On The Isle, an assisted living facility (license #5581) in Venice, Florida.

No deficiencies were found at the time of the visit.