

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964825	(X3) DATE SURVEY COMPLETED R 02/04/2019
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 2/4/19 at Sunset Lake Village, an assisted living facility (license #9325) in Venice, Florida. This was a follow-up to the complaint survey completed on 10/29/18. The previous deficiencies were found corrected and no new deficiencies were identified.		