

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966091	(X3) DATE SURVEY COMPLETED R 04/03/2019
NAME OF PROVIDER OR SUPPLIER JACARANDA TRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 WILLIAM PENN WAY VENICE, FL 34293	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A follow-up by desk review was conducted on 4/3/19 for Jacaranda Trace, an assisted living facility in Venice, Florida. The follow-up was in response to the relicensure and extended congregate care survey which was conducted 2/11/19. Based on the facility's plan of correction and supporting documentation, the deficiencies were corrected as of 3/4/19.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966091	(X3) DATE SURVEY COMPLETED R 04/03/2019
NAME OF PROVIDER OR SUPPLIER JACARANDA TRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 WILLIAM PENN WAY VENICE, FL 34293	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A follow-up by desk review was conducted on 4/3/19 for Jacaranda Trace, an assisted living facility in Venice, Florida. The follow-up was in response to the relicensure and extended congregate care survey which was conducted 2/11/19. Based on the facility's plan of correction and supporting documentation, the deficiencies were corrected as of 3/4/19.		