STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964825	R **04/18/2019**
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

A follow-up by desk review was conducted on 4/18/19 for Sunset Lake Village, an assisted living facility located in Venice, Florida. The follow-up was in response to the biennial, limited nursing services, and emergency power plan monitoring survey which was conducted on 3/11/19 through 3/12/19.

Based on the facility's supporting documentation the deficiencies were corrected as of 4/3/19.