

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965273	(X3) DATE SURVEY COMPLETED R 05/09/2017
NAME OF PROVIDER OR SUPPLIER HARBOR INN OF VENICE SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 160 RUTLAND ROAD VENICE, FL 34293	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 5/9/17 at Harbor Inn South, an assisted living facility (license number #9691) located in Venice, Florida. This was a follow up to the relicensure survey completed on 3/6/17. The previous deficiency was found corrected and no new deficiencies were identified.		