

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922298	(X3) DATE SURVEY COMPLETED R 07/27/2018
NAME OF PROVIDER OR SUPPLIER FAMILY TRADITIONS III	STREET ADDRESS, CITY, STATE, ZIP CODE 352 LAKE ROAD 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 7/27/18 for Family Traditions, an assisted living facility (license #8038) in Venice, Florida. The follow-up was in response to the relicensure survey which was completed on 5/8/18. Based on the facility's supporting documentation, the deficiencies were corrected as of 7/27/18.		