

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
GROUP CARE
INSPECTION REPORT



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 58-51-1472668
Name of Facility: Gardens of Venice
Address: 2701 Jacaranda Boulevard
City, Zip: Venice 34293

Type: Assisted Living Facility
Owner: North Port Retirement Centers Inc
Person In Charge: Erica Hyde Phone: 941-497-0650
PIC Email: gardensofvenice@gmail.com

Correct By: None
Re-Inspection Date: None

Inspection Information

Purpose: Routine
Inspection Date: 2/11/2025

Begin Time: 01:35 PM
End Time: 01:55 PM

Additional Information

CAPACITY 0050

NUMBER PRESENT 0044

As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapter 64E-12 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the Results section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-12, FAC, and Chapters 381 and 382, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

Violation Markings

- | | | |
|------------------------------|--|--------------------------|
| WATER SUPPLY | 21. Lighting/FL Candles | 39. Disposal |
| 1. Approved System | 22. Plumbing | RECREATIONAL AREA |
| 2. Operation | 23. Inside Temperature | 40. Safe |
| 3. Bacteriological/Chemical | 24. Sanitary Facilities | 41. Drained/Litter/Trash |
| 4. DO NOT USE | 25. Sewage | 42. DO NOT USE |
| 5. Water Accessible | VERMIN CONTROL | 43. Water Safety |
| 6. Temperature/Supply | 26. DO NOT USE | 44. DO NOT USE |
| FOOD SERVICE | 27. Infestation/Presence | 45. Other |
| 7. Source/Wholesome | 28. Screening | 46. Other |
| 8. Preparation/Protection | BEDDING, TOWELS, & PERSONAL ITEMS | 47. Other |
| 9. Equipment | 29. Beds | 48. Other |
| 10. Holding & Cooking Temps. | 30. Linens | 49. Other |
| 11. DO NOT USE | 31. Storage | 50. Other |
| 12. Storage | 32. Personal Space | 51. Other |
| 13. Hand Sink/Hot Water | LAUNDRY | 52. Other |
| 14. Warewashing/Cleaning | 33. Separations/Transport. | 53. Other |
| 15. DO NOT USE | 34. Vented | |
| 16. Food Other | MEDICATIONS OR TOXIC SUBSTANCES | |
| HOUSING | 35. DO NOT USE | |
| 17. Maintenance | 36. Storage/Locked | |
| 18. Construction | GARBAGE/RUBBISH | |
| 19. DO NOT USE | 37. Collection | |
| 20. Cleaning/Odors | 38. Storage/Container | |

Inspector Signature:

Client Signature:

Form Number: DH 4029 09/05

58-51-1472668 Gardens of Venice

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
GROUP CARE
INSPECTION REPORT



2 of 2

General Comments

- Routine inspection
- No damages to building observed
- Everything clean, no pests
- Rooms are clean and at comfortable ambient air temperature, hot water is over 100F
- No violations observed

Email Address(es): gardensofvenice@gmail.com

Violations Comments

No Violation Comments Available

Inspection Conducted By: Daniela Smith (29517)
Inspector Contact Number: Work: (941) 861-3310 ex.
Print Client Name:
Date: 2/11/2025

Inspector Signature:

Client Signature:

Form Number: DH 4029 09/05

58-51-1472668 Gardens of Venice

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT

**Facility Information****RESULT: Satisfactory**

Permit Number: 58-48-1472488
 Name of Facility: Gardens of Venice
 Address: 2701 Jacaranda Boulevard
 City: Zip: Venice 34293
 Type: Assisted Living Facility
 Owner: North Port Retirement Centers Inc
 Person In Charge: Vanessa Flick Phone: 941-497-0650
 PIC Email: vanissadriggers@gmail.com

Inspection Information

Purpose: Routine
 Inspection Date: 5/5/2025
 Correct By: None
 Re-Inspection Date: None

Number of Risk Factors (Items 1-28): 0
 Number of Repeat Violations (1-57 R): 0
 Facility Grade: N/A
 Stop Sale: No

Begin Time: 02:20 PM
 End Time: 02:51 PM

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions**SUPERVISION**

- IN 1. Demonstration of Knowledge/Training
 IN 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN 3. Knowledge, responsibilities and reporting
 IN 4. Proper use of restriction and exclusion
 IN 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN 6. Proper eating, tasting, drinking, or tobacco use
 IN 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN 8. Hands clean & properly washed
 IN 9. No bare hand contact with RTE food
 IN 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN 11. Food obtained from approved source
 NO 12. Food received at proper temperature
 IN 13. Food in good condition, safe, & unadulterated
 NA 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized

- IN 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN 18. Cooking time & temperatures
 IN 19. Reheating procedures for hot holding
 IN 20. Cooling time and temperature
 IN 21. Hot holding temperatures
 IN 22. Cold holding temperatures

- IN 23. Date marking and disposition

- IN 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- IN 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- IN 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN 27. Food additives; approved & properly used
 IN 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

58-48-1472488 Gardens of Venice

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Good Retail Practices

SAFE FOOD AND WATER

- ☒ 30. Pasteurized eggs used where required
- ☒ 31. Water & ice from approved source
- ☒ 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- ☒ 33. Proper cooling methods; adequate equipment
- ☒ 34. Plant food properly cooked for hot holding
- ☒ 35. Approved thawing methods
- ☒ 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- ☒ 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- ☒ 38. Insects, rodents, & animals not present
- ☒ 39. No Contamination (preparation, storage, display)
- ☒ 40. Personal cleanliness

- ☒ 41. Wiping cloths: properly used & stored

- ☒ 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- ☒ 43. In-use utensils: properly stored
- ☒ 44. Equipment & linens: stored, dried, & handled
- ☒ 45. Single-use/single-service articles: stored & used

- ☒ 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- ☒ 47. Food & non-food contact surfaces

- ☒ 48. Ware washing: installed, maintained, & used; test strips (COS)

- ☒ 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- ☒ 50. Hot & cold water available; adequate pressure

- ☒ 51. Plumbing installed; proper backflow devices

- ☒ 52. Sewage & waste water properly disposed

- ☒ 53. Toilet facilities: supplied, & cleaned

- ☒ 54. Garbage & refuse disposal

- ☒ 55. Facilities installed, maintained, & clean

- ☒ 56. Ventilation & lighting

- ☒ 57. Permit; Fees; Application; Plans

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violations Comments

Violation #48. Ware washing: installed, maintained, & used; test strips

Wrong teststrips for dishwasher

CODE REFERENCE: 64E-11.003(4). Warewashing facilities must be approved, available, maintained, effective, and used for cleaning and sanitizing food-contact surfaces and equipment. Test strips are available and used to verify the solution is at a concentration necessary to achieve sanitization.

General Comments

-Routine inspection of ALF kitchen
-Temp checked pancakes in hot holding @137.5F
-Fridge with juices and milk @37.4F
-DW sanitizes at proper ppm, wrong test strips - COS by ordering correct ones
-Sanitizer buckets at proper ppm
-Ice machine clean

Email Address(es): venissadriggers@gmail.com;
kjdunda@gmail.com

Inspector Signature:

D. Smith

Client Signature:

K. Smith

Form Number: DH 4023 03/18

58-48-1472488 Gardens of Venice

[Print](#) [Export To PDF](#)**SARASOTA COUNTY FIRE DEPARTMENT**

Serving our community with PRIDE
Professionalism - Responsibility - Integrity - Devotion to Duty - Excellence

35 Vic Edwards Rd
Sarasota, FL 34240
PH (941) 861-2280
FAX (941) 925-7472

Occupant Name:	Gardens of Venice	Inspection Date:	4/9/2025
Address:	2901 Jacaranda Boulevard	InspectionType:	Inspection - Assisted Living
City:	Sarasota	Inspected By:	Jerod Berry 941-861-2290 jberry@scgov.net
Zip Code:	34293	FACP Location:	East Hall FACP rm
Structure Name:	ALF		
Suite:			
Occ. Sq. Ft.:	65409		

No violations noted at this time. If you have any questions, please contact the fire inspector listed at the top of this report.

Inspector Comments: Kitchen Storage brought down doing Inspection.
Celling tile missing but visible. Celling work being done.

Ref: 86468



FIRE SPRINKLER INSTALLATIONS & SERVICE

Merchandise remains property of CFB until paid for in full. . .

S-1304814

Gardens of Venice

2901 Jaceranda Blvd

Venico

ST:

gr: *jk*

ZIP:

34293

941-497-0650/0656

JOB SITE:

ADDRESS:

CITY:

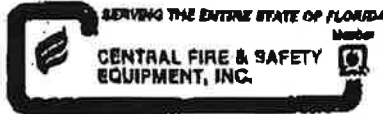
ZIP:

TAX EXEMPT #

SUBTOTAL	\$ 266.00
SALES TAX	18.62
FREIGHT	
LABOR	
PAY THIS AMOUNT	\$ 284.62

356811

ANNUAL



SERVING THE ENTIRE STATE OF FLORIDA
CENTRAL FIRE & SAFETY
EQUIPMENT, INC.

2901 SE Hwy. 31
Arcadia, Florida 34266
(883) 993-4374
Fax (883) 993-4375

Inspection Contract No: _____
Inspection Report No: 1F7213 Bureau File No: 2044630011596
Date of This Inspection: 7-30-2024

File No: 356811

Name of Property Owner: Gardens of Venice
Property Owner's Address: 2901 Jannet Ave Blvd
City: Venice State: FL Zip: 33429
Phone: 941-457-0650 Fax: _____
Responsible Party name: VENISSA / Kristina Position: _____

1. GENERAL

- | | YES | N/A | NO |
|---|-------------------------------------|-----|----|
| a. Is the building occupied? | <input checked="" type="checkbox"/> | | |
| b. Is occupancy same as previous inspection? | <input checked="" type="checkbox"/> | | |
| c. Are all systems in service? | <input checked="" type="checkbox"/> | | |
| d. Are all fire protection systems same as last inspection? | <input checked="" type="checkbox"/> | | |
| e. Is hazard completely sprinklered? | <input checked="" type="checkbox"/> | | |
| f. Are all new additions and building changes properly protected? | <input checked="" type="checkbox"/> | | |
| g. Is all stock or storage properly below sprinkler piping? | <input checked="" type="checkbox"/> | | |
| h. Was property free of fires since last inspection? (Explain any fire on Page 2) | <input checked="" type="checkbox"/> | | |
| i. In areas protected by set system, does the building appear to be properly heated in all areas, including blind attics, perimeter areas and are all exterior openings protected against entrance of cold air? | <input checked="" type="checkbox"/> | | |

2. CONTROL VALVES (See Section 16)

- | | | | |
|---|-------------------------------------|--|--|
| a. Are all sprinkler system main control valves open? | <input checked="" type="checkbox"/> | | |
| b. Are all other valves in proper position? | <input checked="" type="checkbox"/> | | |
| c. Are all control valves in good condition and sealed or supervised? | <input checked="" type="checkbox"/> | | |

3. WATER SUPPLIES (See Section 17)

- | | | | |
|---|-------------------------------------|--|--|
| a. Was a water flow test made and results satisfactory? | <input checked="" type="checkbox"/> | | |
|---|-------------------------------------|--|--|

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

- | | | | |
|--|-------------------------------------|--|-------------------------------------|
| a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? | | | <input checked="" type="checkbox"/> |
| b. Are fire dept. connections in satisfactory condition, couplings free, caps in place and check valves tight? | <input checked="" type="checkbox"/> | | |

5. WBT SYSTEMS (See Section 13)

- | | | | |
|---|-------------------------------------|--|-------------------------------------|
| a. Are cold weather valves open or closed as necessary? | | | <input checked="" type="checkbox"/> |
| b. Have anti-freeze systems been tested and left in satisfactory condition? | | | <input checked="" type="checkbox"/> |
| c. Are alarm valves, water flow indicators and retards in satisfactory condition? | <input checked="" type="checkbox"/> | | |

6. DRY SYSTEMS (See Section 14)

- | | | | |
|--|--|--|-------------------------------------|
| a. Is dry valve in service and in good condition? | | | <input checked="" type="checkbox"/> |
| b. Is air pressure and priming water level normal? | | | <input checked="" type="checkbox"/> |
| c. Is air compressor in good condition? | | | <input checked="" type="checkbox"/> |
| d. Were low points drained during fall and winter inspections? | | | <input checked="" type="checkbox"/> |
| e. Are Quick Opening Devices in service? | | | <input checked="" type="checkbox"/> |
| f. Has piping been checked for stoppage within past 10 years? | | | <input checked="" type="checkbox"/> |
| g. Has piping been checked for proper pitch within past 5 years? | | | <input checked="" type="checkbox"/> |
| h. Have dry valves been trip tested satisfactorily as required? | | | <input checked="" type="checkbox"/> |
| i. Are dry valves adequately protected from freezing? | | | <input checked="" type="checkbox"/> |
| j. Valve house and heater condition satisfactory? | | | <input checked="" type="checkbox"/> |

7. SPECIAL SYSTEMS (See Section 18)

- | | | | |
|--|--|--|-------------------------------------|
| a. Were valves tested as required? | | | <input checked="" type="checkbox"/> |
| b. Were all heat responsive systems tested and results satisfactory? | | | <input checked="" type="checkbox"/> |
| c. Were supervisory features tested and results satisfactory? | | | <input checked="" type="checkbox"/> |

8. ALARMS

- | | | | |
|---|-------------------------------------|--|--|
| a. Water motor and gong test satisfactory? | <input checked="" type="checkbox"/> | | |
| b. Electric alarm test satisfactory? | <input checked="" type="checkbox"/> | | |
| c. Supervisory alarm service test satisfactory? | <input checked="" type="checkbox"/> | | |

9. SPRINKLERS — PIPING

- | | | | |
|---|-------------------------------------|--|--|
| a. Are all sprinklers in good condition, not obstructed, and free of corrosion or loading? | <input checked="" type="checkbox"/> | | |
| b. Are all sprinklers less than 50 years old? | <input checked="" type="checkbox"/> | | |
| c. Are extra sprinklers readily available? | <input checked="" type="checkbox"/> | | |
| d. Is condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers, strainers satisfactory? | <input checked="" type="checkbox"/> | | |
| e. Are all sprinklers of proper temperature rating? | <input checked="" type="checkbox"/> | | |
| f. Are portable fire extinguishers in good condition? | <input checked="" type="checkbox"/> | | |
| g. Is hand hose on sprinkler systems satisfactory? | <input checked="" type="checkbox"/> | | |

DATE 7-30-24

(All "NO" answers to be fully explained.)

INSPECTOR'S INITIAL

OWNER DESIGNATED REP. INITIAL



2901 SE Hwy. 31
Arcadia, Florida 34289
(883) 993-4374
Fax (883) 953-4375

ANNUAL

Inspection Contract No:
Inspection Report No: 157243 Bureau File No:

File No: 356811

10. Date Dry System Piping last checked for stoppage
11. Date Dry System Piping last checked for proper pitch

12. Date Dry Pipe Valve last trip tested

13. Wet Systems: 2 Number, Make and Model? 6" Base with 1/2" 4" wet Risers

14. Dry Systems: _____ Number, Make and Model?

15. Special Systems: _____ Number and Type?

Make & Model: _____ Condition: _____

16. CONTROL VALVES	HOW MANY?	TYPE	OPEN YES NO	SECURED YES NO	RIGID YES NO	CONDITION	TAMPERS
City Connection Control Valves:	<u>2</u>	<u>6" OSY</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Good</u>	<u>Chained</u>
Tank Control Valves:							
Pump Control Valves:							
Sectional Control Valves:							
System Control Valves:	<u>2</u>	<u>4" B.F</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Good</u>	<u>Chained</u>
Miscellaneous:							

17. WATER FLOW TEST

WATER PRESSURE RECORDINGS: _____ CITY: 70 PSI TANK: _____ PSI FIRE PUMP: _____ PSI

WATER FLOW TEST IF NOT MADE, WHY?

FLOW SWITCH	TIME	Sec's
<u>Zone 1</u>	<u>64</u>	<u>•</u>
<u>Zone 2</u>	<u>62</u>	<u>•</u>

TEST PIPE LOCATION	SIZE	PRESS. BEFORE	FLOW (GPM)	PRESS. AFTER
<u>Zone 1</u>	<u>2"</u>	<u>74</u>	<u>51</u>	<u>70</u>
<u>Zone 2</u>	<u>2"</u>	<u>72</u>	<u>49</u>	<u>71</u>

FIRE ALARM	
<u>Good</u>	<input checked="" type="checkbox"/>

18. HEAT RESPONSIVE DEVICES TYPE: _____

TYPE OF TEST: _____

AUX. EQUIPMENT HOW MANY: _____ TYPE: N/A LOCATION: _____ CONDITION: _____

ITEMS 19 THROUGH 22 — EXPLANATION OF ANY "NO" ANSWERS, AND COMMENTS.

19. Explanation of any "NO" Answers.

20. Recent Changes in Building Occupancy of Fire Protection Equipment.

21. Adjustments or Corrections Made. installed 4 New 300 PSI gauges

22. Desirable Improvements.

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

OWNER/DESIGNATED REPRESENTATIVE: _____

DATE: _____

INSPECTOR'S SIGNATURE: _____

DATE: 7-30-2024