

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



1 of 2

Facility Information

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

RESULT: Satisfactory

Correct By: None
Re-Inspection Date: None

Inspection Information

Purpose: Routine Begin Time: 01:35 PM
 Inspection Date: 2/11/2025 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. 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:

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:

A handwritten signature in black ink, appearing to read "Daniela Smith".

Client Signature:

A handwritten signature in black ink, appearing to read "Gardens of Venice".

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: Venissa Flick Phone: 941-497-0650
 PIC Email: venissadriggers@ymail.com

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-28): 0	Begin Time: 02:20 PM
Inspection Date: 5/5/2025	Number of Repeat Violations (1-57 R): 0	End Time: 02:51 PM
Correct By: None	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

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 16. Food-contact surfaces; cleaned & sanitized
IN 1. Demonstration of Knowledge/Training	IN 17. Proper disposal of unsafe food
IN 2. Certified Manager/Person in charge present	TIME/TEMPERATURE CONTROL FOR SAFETY
EMPLOYEE HEALTH	IN 18. Cooking time & temperatures
IN 3. Knowledge, responsibilities and reporting	IN 19. Reheating procedures for hot holding
IN 4. Proper use of restriction and exclusion	IN 20. Cooling time and temperature
IN 5. Responding to vomiting & diarrheal events	IN 21. Hot holding temperatures
GOOD HYGIENIC PRACTICES	IN 22. Cold holding temperatures
IN 6. Proper eating, tasting, drinking, or tobacco use	IN 23. Date marking and disposition
IN 7. No discharge from eyes, nose, and mouth	IN 24. Time as PHC; procedures & records
PREVENTING CONTAMINATION BY HANDS	CONSUMER ADVISORY
IN 8. Hands clean & properly washed	IN 25. Advisory for raw/undercooked food
IN 9. No bare hand contact with RTE food	HIGHLY SUSCEPTIBLE POPULATIONS
IN 10. Handwashing sinks, accessible & supplies	IN 26. Pasteurized foods used; No prohibited foods
APPROVED SOURCE	ADDITIONS AND TOXIC SUBSTANCES
IN 11. Food obtained from approved source	IN 27. Food additives; approved & properly used
NO 12. Food received at proper temperature	IN 28. Toxic substances identified, stored, & used
IN 13. Food in good condition, safe, & unadulterated	APPROVED PROCEDURES
NA 14. Shellstock tags & parasite destruction	IN 29. Variance/specialized process/HACCP
PROTECTION FROM CONTAMINATION	
IN 15. Food separated & protected; Single-use gloves	

Inspector Signature:

Form Number: OH 4023 03/18

58-48-1472488 Gardens of Venice

Client Signature:

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

- OUT 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 hotholding @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): venissadriegers@ymail.com,
 kjdunde@gmail.com

Inspector Signature:

Client Signature:

[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) 881-2280
FAX (941) 825-7472

Occupant Name:	Gardens of Venice	Inspection Date:	4/9/2025
Address:	2901 Jacaranda Boulevard	Inspection Type:	Inspection - Assisted Living
City:	Sarasota	Inspected By:	Jerod Berry 941-861-2290 jberry@scgov.net
Zip Code:	34293		
Structure Name:	ALF	FACP Location:	East Hall FACP rm
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.
Ceiling tile missing but visible. Ceiling work being done.

Ref: 86468

ANNUAL



2901 SE Hwy. 31
Arcadia, Florida 34268
(863) 933-4374
Fax (863) 933-4375

Inspection Contract No:

File No: 356811

Inspection Report No: 1F7213 Bureau File No: 2044630001596

Date of This Inspection: 7-30-2024

Name of Property Owner: Gardens of Venice
 Property Owner's Address: 2901 Janurary Blvd
 City: Venice State: FL Zip: 34293
 Phone: 941-457-0650 Fax:
 Responsible Party name: VENISSA / Kristin Position:

1. GENERAL

- a. Is the building occupied?
- b. Is occupancy same as previous inspection?
- c. Are all systems in service?
- d. Are all fire protection systems same as last inspection?
- e. Is hazard completely sprinklered?
- f. Are all new additions and building changes properly protected?
- g. Is all stock or storage properly below sprinkler piping?
- h. Was property free of fire since last inspection? (Explain any fire on Page 2)
- i. In areas protected by fire 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?

2. CONTROL VALVES (See Section 10)

- a. Are all sprinkler system/main control valves open?
- b. Are all other valves in proper position?
- c. Are all control valves in good condition and sealed or supervised?

3. WATER SUPPLIES (See Section 17)

- a. Was a water flow test made and results satisfactory?

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

- a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?
- b. Are fire dept. connections in satisfactory condition, couplings free, caps in place and check valves tight?

5. WBT SYSTEMS (See Section 13)

- b. Are cold weather valves open or closed as necessary?
- b. Have anti-freeze systems been tested and left in satisfactory condition?
- c. Are alarm valves, water flow indicators and retarders in satisfactory condition?

6. DRY SYSTEMS (See Section 14)

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

7. SPECIAL SYSTEMS (See Section 18)

- a. Were valves tested as required?
- b. Were all heat responsive systems tested and results satisfactory?
- c. Were supervisory features tested and results satisfactory?

8. ALARMS

- a. Water motor and gong test satisfactory?
- b. Electric alarm test satisfactory?
- c. Supervisory alarm service test satisfactory?

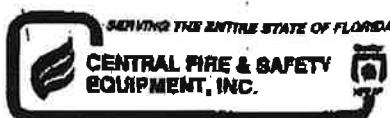
9. SPRINKLERS — PIPING

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

DATE 7-30-24

(All "NO" answers to be fully explained)
OWNER/DESIGNATED REP. INITIAL

INSPECTOR'S INITIAL



2901 SE Hwy. 31
Arcadia, Florida 34269
(863) 993-4374
Fax (863) 993-4375

ANNUAL

Inspection Contract No: File No. 356811
Inspection Report No: 1F7243 Bureau File No:

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?
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	SIGN YES NO	CONDITION	TAMMERS Chained
City Connection Control Valves:	<u>2</u>	<u>6" OSY</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>Good</u>	
Tank Control Valves:							
Pump Control Valves:							
Sectional Control Valves:							
System Control Valves:	<u>2</u>	<u>4" B.F</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<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	Set's
<u>Zone 1</u>	<u>64</u>	<u>✓</u>
<u>Zone 2</u>	<u>62</u>	<u>✓</u>

TEST PIPE LOCATION	SIZE	PRESS PSI	FLOW GPM	POWER AFTER
<u>Zone 1</u>	<u>2"</u>	<u>74</u>	<u>51</u>	<u>70</u>
<u>Zone 2</u>	<u>8"</u>	<u>72</u>	<u>49</u>	<u>71</u>

FIRE ALARM
<u>(Good)</u>

18. HEAT RESPONSIVE DEVICES TYPE: _____ TYPE OF TEST: _____
AUX. EQUIPMENT HOW MANY: 1 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 or 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: Mark A. W.

DATE: 7-30-2024