

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/25/2020
NAME OF PROVIDER OR SUPPLIER LIANA OF VENICE			STREET ADDRESS, CITY, STATE, ZIP CODE 2321 E VENICE AVE VENICE, FL 34292		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure, limited nursing services, and emergency power plan monitoring survey was conducted on _____ through _____ at Autumn Leaves of Venice, an assisted living facility in Venice, Florida. The following is description of the deficiencies.	A 000			
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.firules.org/Gateway/reference.asp?No=Ref-04003 , and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/SDRI%20Values%20SummaryTable%202014.pdf . Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.	A 093			

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 093	Continued From page 1 (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in	A 093			

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A 093	Continued From page 2 the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to have menus dated with original annual review date by a licensed or registered	A 093			

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STREET ADDRESS, CITY, STATE, ZIP CODE

LIANA OF VENICE

**2321 E VENICE AVE
VENICE, FL 34292**

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A 093	Continued From page 3 dietician. The findings included: On at 10:50 a.m., during review of the facilities regular and therapeutic menus, they contained the signature and license number of the registered dietician, there was no original date of the annual review contained on the menus. On at 11:05 a.m., during an interview with the Culinary Manager, he confirmed there was no original annual review date contained on the menus with the dietician's signature to show verification of when the menus were reviewed by the dietician. He said he did not know the menus needed to be dated, he just had them signed and sent to the facility so he could have them to use in the meal rotation. Class III	A 093		
AN277	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in rule 59A-36.006, F.A.C. (b) In accordance with rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider's order, a	AN277		

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AN277	Continued From page 4 copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to contract or employ a nurse qualified to monitor and oversee the Limited Nursing Services (LNS) the facility is licensed to provide. The findings included: Review of the facility's license indicated they provided LNS. Review of the facility's resident contract, page #3 paragraph #6 stated: "Limited Nursing services, Autumn Leaves may directly provide the limited nursing services as outlined in Exhibit B at no additional cost with the exception of the excluded services and supplies outlined below. If such services are provided through a third-party provider, Resident will be responsible for any costs associated with the services." Reviewed Exhibit B, and it said applying and	AN277			

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AN277	Continued From page 5 changing routine _____ that do not require packing or irrigation, but are for _____, and closed surgical _____ is something the facility can do under LNS services. On _____ at 3:33 p.m., in an interview with the Director of Health and Wellness, she said there are 8 residents in the facility with simple _____ that are being taken care of by home health services. On _____ at 12:43 p.m., the Executive Director (ED) said limited nursing services were included in the monthly fee the resident paid. She acknowledged that residents in the facility were using and responsible for any cost associated for that service. The ED said at present time the facility did not have a registered nurse on staff or _____ to do the monthly assessments or oversee the program. She said if she got a resident who needed LNS she would hire one. Class III	AN277		