

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968902	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/21/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OF VENICE LLC

**350 MAGNOLIA RD
VENICE, FL 34293**

(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 revisit and focused control survey was conducted on _____ at _____ of Venice LLC, an assisted living facility in Venice, Florida. This was a follow-up to the complaint survey completed on _____. The following is description of the deficiency found at the time of the visit.	{A 000}		
{A 120}	429.17(3) .275(1); 59A-36.013(1) FAC Fiscal - Financial Stability 429.17 (3) In addition to the requirements of part II of chapter 408, each facility must report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its occurrence. The agency shall have access to books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial stability. 429.275 (1) The administrator or owner of a facility shall maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed and shall use written accounting procedures and a recognized accounting system. 59A-36.013 Fiscal Standards. (1) FINANCIAL STABILITY. The facility must be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of chapter 408, part II, part I, F.S., and rule chapter 59A-35,	{A 120}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 120}	Continued From page 1 F.A.C., and this rule chapter. This Statute or Rule is not met as evidenced by: Based on staff interview and record review, the facility failed to implement an accounting system to maintain records of an organized income and expense statement grouping and categorizing the expenses. The findings included: On _____ at 1:13 p.m., the Administrator said as far as separation of finances, it had been really hard. The Administrator said he has had to put money in from his own pocket as the roof needed to be redone. The Administrator said he does not have the financial records onsite as they would be at the bookkeepers office, but he would have her send them. On _____ at 4:58 p.m., the Administrator's bookkeeper sent an email indicating there is no completed report. The Bookkeeper indicated she has _____, 2020 to input and it would take at least a week to finish. Class III	{A 120}		