

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/19/2024
NAME OF PROVIDER OR SUPPLIER TUSCAN GARDENS OF VENETIA BAY			STREET ADDRESS, CITY, STATE, ZIP CODE 841 VENETIA BAY BLVD VENICE, FL 34285		
(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, emergency power plan, health facility reporting system, generator, visitation form, and complaint survey for #2023018529 was conducted on through at Tuscan Gardens of Venetia Bay, an assisted living facility in Venice, Florida. Complaint #2023007196 was substantiated at A025. The following is a description of the deficiency.	A 000			
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and	A 025			

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 025	Continued From page 1 services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify the responsible representative of a change in condition requiring healthcare services for 2 residents (#11 and #13) of 3 reviewed for changes in condition. The findings included:	A 025			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TUSCAN GARDENS OF VENETIA BAY

**841 VENETIA BAY BLVD
VENICE, FL 34285**

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A 025	Continued From page 2 Review of the facility Resident Services Policies for Change in Condition and Evaluation Policy and Procedure: The Community must ensure that each resident's service needs are identified, implemented, and documented for the provision of resident services. A "significant change" in a resident's condition means a sudden or major shift in behavior or . . . inconsistent with the resident's diagnosis, or a deterioration in health status such as unplanned . . . change, . . . condition, enrollment in hospice, or . . . 3, or 4 . . . The resident Care Manager, Memory Care Manager and/or Designee must respond to any significant change and initiate the following steps to ensure the resident receives appropriate interventions: Notify the responsible party of the change in condition, and document the details of the notification in the Resident Observation Log. 1. Review of Resident #11's Level 3 Service Plan dated . . . revealed doctor . . . will be attended, and their family will be notified of all aspects of well-being. Staff to communicate with physicians, pharmacies, transportation, and relay their instructions/concerns/treatment changes to family. Review of Resident 11's observation log entry dated . . . at 8:14 a.m., "Resident #11 is refusing to go to the dining room to eat. The family had instructed care staff to make the resident go down for meals. Resident is in same clothing care staff trying to give resident shower." Observation Log entry dated . . . at 12:38 p.m., "Notified Dr. Muniz that resident has been refusing . . . rub, Minerin cream, and . . . Ultra This nurse is asking to discontinue these medications.	A 025		

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A 025	Continued From page 3 Observation Log entry dated _____ at 8:24 a.m., "Resident #11 needs to continue receiving care with _____ rub to toenails, cream to both _____, and _____ to her _____, so her medical conditions are stable. Please contact family members to assist for medication administration when resident refuses." Review of the Observation Log for Resident #11 revealed no notification to the family about the resident refusing to go to the dining room or refusing medications. Review of the resident's Observation Log entry dated _____ at 11:38 a.m. revealed, "Resident was scratching her left _____, and _____ was dripping on floor while resident was sitting on toilet. Cleansed area and applied _____ to area then called Amedisys and they will send a nurse out to properly care for _____." Review of the home health agency (HHA) communication record to the facility dated _____ revealed a treatment was started for Resident #11: " _____ treatment (tx) rendered to left (L) _____ - appears as two open areas in close proximity, measures 2.4 x 6.2 x 0.1, scant bloody drainage (drg). Tender to touch - cleansed with normal _____ (NS), _____ dry, Adaptic, _____ foam _____ (dsg)". Review of the HHA communication records revealed Resident #11 received HHA treatment at the facility for the left _____, on _____, and _____. Observation Log entry dated _____ at 9:30 a.m. revealed, "Spoke with daughter and requested to see the in-house dermatologist. Will	A 025			

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A 025	Continued From page 4 put on the list." Observation Log entry dated at 4:00 a.m. revealed, Post Medication Administration Record (MAR) review - Resident lately has been refusing creams, drops, and inhalers frequently. Fax request for discontinuation (DC) order on medications listed below sent to Dr. Muniz. Minerin Cream Refresh Lubricating 2.5 mcg, Urea Cream 40%, Vick's VapoRub Vaseline." Observation Log entry dated at 9:15 a.m. revealed, "Resident is out with family and will be spending night with daughter." Observation Log entry dated at 1:30 p.m. revealed, "Resident arrived in building at this time." On at 2:15 p.m., Resident #11 was in her room watching TV. She said the facility should call the POA. She said she has skin problems and scratches her skin. She said the facility should communicate with her daughters. There was no documentation that the facility notified the responsible party about the left and the start of skilled nursing from HHA on On at 2:46 p.m., the Administrator said there is nothing in the documentation for communication with the responsible party for the left On at 3:38 p.m. during a telephone interview, Resident #11's POA, said the last time she was contacted by the facility was She said during the call, the nurse asked if	A 025			

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A 025	Continued From page 5 Resident #11 could be seen by the dermatologist due to scratching her skin. She said she agreed but was never contacted with the outcome of the The POA said the facility began charging for level 3 care, but she does not know what she is paying for. She said a few times her mother was wheeled to the dining room but that stopped and now they have reverted to charging \$10.00 every time a meal is served in the resident's room. She said she calls the facility to speak to the nurse, but the nurse never answers the call. The POA said she is very disappointed with the facility communication. 2. Review of Resident #13's Observation Log entry dated at 9:55 p.m. revealed the resident was admitted to the hospital. The Observation Log entry dated at 10:49 a.m. revealed Resident #13 would return to the facility with orders for . . . (). The Observation Log revealed Resident #13 returned to the facility on at 2:16 p.m. with a small open area noted to the Review of the Observation Log entry dated at 2:20 p.m. revealed Resident #13 was being seen by the HHA. The nurse called to see if someone could come out to assess the pressure areas. Review of the Observation Log entry dated at 8:13 p.m. revealed a new order for redness and open area to the and pressure area to the right ankle. Review of the Observation Log entries revealed no indication the facility contacted the responsible party about Resident #13's open area to the and pressure area to the right ankle after return from the hospital.	A 025			

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A 025	Continued From page 6 Review of the Oasis-E Resumption of Care dated, page 30, care worksheet: #11 - Location: - Status: Open, present on admission - Type: Pressure Injury - Review of the skilled nursing visit for Resident #13 on revealed a pressure injury, present on admission, closed. On at 1:40 p.m., the administrator said there is no documentation to indicate the facility notified the POA of the pressure area that was present on admission when Resident #13 returned from the hospital. On 2:24 p.m., the administrator said if the facility notes a new issue, the facility contacts the responsible party. If the HHA notes a new issue, the HHA contacts the family. The administrator said it depends on the situation, but the facility will not call the family unless it is a major concern. She said the family would be contacted if the resident needed a care clinic or It is impossible to contact the responsible party for everything.	A 025			