Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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
CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective [illegible], or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before [illegible], initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective [illegible], initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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
CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse and report any changes of status within 5 business days for 1 (Administrator) of 4 employees reviewed for the Background Screening Clearinghouse. The findings included: Record review for the Administrator revealed a hire date of . Further review revealed documentation of change of job duties to the Administrator position effective as of . Review of the Agency for Healthcare of Administration Background Screening website for the facility revealed the Administrator was added to the facility background screen roster on . On at 11:57 a.m., during an interview, the	CZ814		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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
CZ814	Continued From page 2 Human Resources Generalist acknowledged the Administrator was added to the Background Screening Roster for the facility past the 5 days as required. Unclassified .	CZ814		
A 000	Initial Comments An unannounced relicensure, emergency power plan, health facility reporting system, generator, and visitation form survey was conducted on - at Village on the Isle, an assisted living facility in Venice, Florida. The following is description of the deficiencies: .	A 000		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living	A 081		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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 081	Continued From page 3 facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and,	A 081		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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 081	Continued From page 4 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident [illegible], neglect, and [illegible]. The facility must use its [illegible] prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents,	A 081		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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 081	Continued From page 5 other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure employees completed 1 hour of in-service training for Recognizing/Reporting [redacted]/Neglect, [redacted] control, Elopement Response, Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Incident Reporting training, and 2 hours of Pre-service Orientation prior to interacting with residents to include facility license	A 081		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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 081	Continued From page 6 and services offered and based on facility policy and procedures as required by Florida Administrative Code within 30 days of employment for 5 (Staff , C, D, E, F, and G,) of 7 employee records reviewed. The findings included: Record review for Staff D revealed a hire date of as a Resident aid/med tech. Staff D's employee record contained documentation of a certificate of completion for 1 hour of training for About Control and Prevention on , 30 minutes of training for Recognizing, Reporting and Preventing training on , 30 minutes of training for Fire Safety on , 45 minutes of training for Understanding and Elopement on through Relias an online computer based training system, and the training completed was not based on facility policies and procedures. Further review of Staff D's employee record revealed documentation of a Pre-service Orientation training attestation dated indicating Staff D acknowledged reading the facility manual that included information related to Resident's Rights, Emergency Procedures, Resident Care, and Control. The documentation did not indicate how many hours were completed and did not include training for the facility license and services provided as required for Pre-service Orientation as required. Record review for Staff E revealed a hire date of as a Resident aid/med tech. Staff E's employee record contained documentation of a certificate of completion for 1 hour of training for About Control and Prevention on , 30 minutes of training for Recognizing, Reporting and Preventing training on	A 081		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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 081	Continued From page 7 . . . . . , 30 minutes of training for Fire Safety on , 45 minutes of training for Understanding . . . . and Elopement on . . . . . through Relias an online computer based training system, and the training completed was not based on facility policies and procedures. Further review of Staff E's employee record revealed documentation of a Pre-service Orientation training attestation dated . . . . . indicating Staff E acknowledged reading the facility manual that included information related to resident's rights, emergency procedures, resident care, and . . . . control. The documentation did not indicate how many hours were completed and did not include training for the facility license and services provided as required for Pre-service orientation as required. Record review for Staff F revealed a hire date of as a Registered nurse. Staff F's employee record contained documentation of a certificate of completion for 1 hour of training for About . . . . Control and Prevention on , 30 minutes of training for Recognizing, Reporting and Preventing . . . . training on , 30 minutes of training for Fire Safety on . . . . , 45 minutes of training for Understanding . . . . and Elopement on through Relias an online computer based training system, and the training completed was not based on facility policies and procedures. Further review of Staff F's employee record revealed documentation of a Pre-service Orientation training attestation dated indicating Staff F acknowledged reading the facility manual that included information related to resident's rights, emergency procedures, resident care, and control. The documentation did not indicate how many hours were completed and did not include training for the facility license and	A 081		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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 081	Continued From page 8 services provided as required for preservice orientation as required. Record review for Staff G revealed a hire date of [redacted] as a Resident aid/med tech. Further review of Staff G's employee record revealed documentation of a Pre-service Orientation training attestation dated [redacted] indicating Staff G acknowledged reading the facility manual that included information related to resident's rights, emergency procedures, resident care, and [redacted] control. The documentation did not indicate how many hours were completed and did not include training for the facility license and services provided as required for Pre-service Orientation as required. Staff G's Employee record contained no evidence of documentation of 1 hour of training for [redacted] Control, safe food handling, Elopement response training, Resident rights training, Recognizing, Preventing, and reporting [redacted] training, Reporting major incidents, adverse incidents and incident reporting training, 3 hours of ADL and behavioral needs training. On [redacted] at 12:22 p.m., during an interview, the Resident Services Director reviewed the preservice orientation attestation and confirmed it does not indicate the staff received training pertaining to the facility license and services the facility provided for Pre-service Orientation and did not indicate how many hours was completed. On [redacted] at 12:40 p.m., during an interview, the Resident Services Director and the Associate Director of Nursing acknowledged the training did not meet regulation requirements as they were not completed based on facility policies and procedures and were done online through Relias a computer-based training and confirmed the	A 081		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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 081	Continued From page 9 missing trainings for Staff G as required within 30 days of hire. Mark Gephart: Record review for Staff C revealed a hire date of as the Household Unit Coordinator. Staff C's employee record contained documentation of a certificate of completion for 1 hour of training for About . . . . Control and Prevention on , Recognizing, Reporting and Preventing . . . . training on . . . . . There was no evidence of documentation of completion of Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures and Incident reporting training, Elopement Response training and 3 hours of Activities of Daily Living and Behavioral needs training. Further review of Staff C's employee record revealed documentation of a Pre-service Orientation training completed online on and not from the facility's policy and Procedure. On . . . . . at 12:00 p.m., during an interview, the Resident Services Director revealed that orientation was done with online training and did not include facility specific training. Class III .	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / . . (4) . . . . . / . . . . . (. . / . .). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the	A 082		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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 082	Continued From page 10 requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure staff completed (/) training within 30 days of hire as required by Florida Administrative code for 5 (staff C, D, E, F, G) of 7 employee records reviewed. The findings included: Record review for Staff C revealed a hire date of as the Household unit coordinator. Staff C's employee record contained no evidence of documentation of completion of /AID training as required within 30 days of hire. Record review for Staff D revealed a hire date of as a Resident aide/med technician. Staff D's employee record contained no evidence of documentation of completion of /AID training as required within 30 days of hire. Record review for Staff E revealed a hire date as a Resident aide/medication technician. Staff E's employee record contained no evidence of documentation of /AID training as required within 30 days of hire. Record review for Staff F revealed a hire date as a Registered Nurse. Staff F's	A 082		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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 082	Continued From page 11 employee record contained no evidence of documentation of completion of /AID training as required within 30 days of hire. Record review for Staff G revealed a hire date as a Resident aide/medication technician. Staff G's employee record contained no evidence of documentation of completion of /AID training as required within 30 days of hire. On at 12:13 p.m., during an interview, the Resident Services director confirmed the missing training for Staff C, D, E, F, and G, as required within 30 days of hire. Class III .	A 082		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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 090	Continued From page 12 failed to ensure employees completed 1 hour of training ( ) based on facility policy and procedures as required by Florida Administrative Code within 30 days of employment for 5 (Staff C, D, E, F, G) of 7 employee records reviewed. The findings included: Record review for Staff C revealed a hire date of as the Household unit coordinator. Staff C's employee record contained no evidence of documentation of completion of training as required within 30 days of hire. Record review for Staff D revealed a hire date of as a Resident aide/med technician. Staff D's employee record contained no evidence of documentation of completion of training as required within 30 days of hire. Record review for Staff E revealed a hire date as a Resident aide/medication technician. Staff E's employee record contained documentation of a certificate of completion for 30 minutes of training for About Advance Directives on , through Relias training an online computer-based training system. Further review revealed the training completed was not based on facility policies and procedures. Record review for Staff F revealed a hire date as a Registered Nurse. Staff F's employee record contained no evidence of documentation of completion of training as required within 30 days of hire.	A 090		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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 090	Continued From page 13 Record review for Staff G revealed a hire date as a Resident aide/medication technician. Staff G's employee record contained no evidence of documentation of completion of training as required within 30 days of hire. On at 12:13 p.m., during an interview, the Resident Services Director confirmed the missing training for Staff C, D, E, F, and G, as required within 30 days of hire. On at 12:40 p.m., during an interview, the Resident Services Director and the Associate Director of Nursing acknowledged the training did not meet regulation requirements as they were not completed based on facility policies and procedures and was done online through Relias a computer-based training. Class III .	A 090		
A 091 SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program,	A 091		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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 091	Continued From page 14 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to appropriately document required trainings for 4 (Staff D, E, F, and G) of 7 employee records reviewed. The findings included: Record review for Staff D revealed a hire date of [redacted] as a Resident aide/med technician. Further review of Staff D's employee record revealed documentation of a Pre-service Orientation training attestation dated [redacted] indicating Staff D acknowledged reading the facility manual that included information related to resident's rights, emergency procedures, resident care, and [redacted] control. The documentation did not indicate how many hours were completed and did not include training for the facility license and services provided as required for Pre-service Orientation as required. Record review for Staff E revealed a hire date of [redacted] as a Resident aid/med tech. Further	A 091		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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 091	Continued From page 15 review of Staff E's employee record revealed documentation of a Pre-service Orientation training attestation dated . . . . . indicating Staff E acknowledged reading the facility manual that included information related to resident's rights, emergency procedures, resident care, and . . . . control. The documentation did not indicate how many hours were completed and did not include training for the facility license and services provided as required for Pre-service Orientation as required. Record review for Staff F revealed a hire date of as a Registered nurse. Further review of Staff F's employee record revealed documentation of a Pre-service Orientation training attestation dated . . . . . indicating Staff F acknowledged reading the facility manual that included information related to resident's rights, emergency procedures, resident care, and . . . . control. The documentation did not indicate how many hours were completed and did not include training for the facility license and services provided as required for Pre-service Orientation as required. Record review for Staff G revealed a hire date of as a Resident aid/med tech. Further review of Staff G's employee record revealed documentation of a Pre-service Orientation training attestation dated . . . . . indicating Staff G acknowledged reading the facility manual that included information related to resident's rights, emergency procedures, resident care, and . . . . control. The documentation did not indicate how many hours were completed and did not include training for the facility license and services provided as required for Pre-service Orientation as required.	A 091		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910134	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE ISLE	930 SOUTH TAMIAMI TRAIL 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 091	Continued From page 16 On . . . . . at 12:22 p.m., The Resident Services Director reviewed the Pre-service attestation and confirmed it does not indicate the employees received training pertaining to the facility license and services the facility provides for Pre-service Orientation and it did not indicate how many hours was completed. Class III	A 091		