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
	AL11964825	A. BUILDING: _____ B. WING _____	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VENICE PALMS SENIOR LIVING, LLC	1121 JACARANDA BLVD 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 complaint survey #2023003867, #2023004650, and #2024005860 was conducted on through at Venice Palms Senior Living, an assisted living in Venice, Florida. Complaint #2023003867 was not substantiated. Complaint #2023004650 was not substantiated. Complaint #2024005860 was substantiated. The following is a description of the deficiencies.	A 000		
A 011 SS=D	59A-36.006(5) FAC Admissions - Discharge (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or health care practitioner, the resident must be discharged in accordance with Section 429.28, F.S. This Statute or Rule is not met as evidenced by: Based on record review, and interview the facility failed to provide an appropriate discharge for 1(Resident #4) of 3 residents reviewed for discharge. The findings include: Review of Policy Title: Discharge, Policy number A0021, Effective date . "Policy: It is the policy of VENICE PALMS SENIOR LIVING that the community is licensed to provide assisted care as set forth in the FS 429 and FAC 58A-5. Procedure: If the resident no longer meets the criteria for continued residency, or the facility is	A 011		

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A 011	Continued From page 1 unable to meet the resident's needs, as determined by the facility administrator or health care provider, VENICE PALMS SENIOR LIVING will comply with following discharge criteria: Provide at least 45 days' notice of relocation or termination of residency form the facility unless: If the discharge is for medical reasons or requires an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents, the discharge must be certified by a physician. Once the physician certification is obtained, the 45-day notice is waived and the resident may be discharged as soon as arrangement can be made. . . ." On [redacted] at 10:15 a.m., during an interview, Resident #4's family member said, they renewed the contract in [redacted], with the new owners of the facility. His mom went to the hospital due to an [redacted] and he received an email on [redacted] from the Health and Wellness Director (HWD) indicating his mom could not return to the facility with an effective date for notice of termination for [redacted] when he received the email. Resident #4's family member said he paid the rent for the month when his mom was at the hospital and rehabilitation. Resident #4's family member said he should have been given proper notice of discharge to find somewhere for his mom. No one came to assess his mom for return to the facility. Record review of the facility contract signed by Resident #4's family member dated [redacted], included the Bed Hold Policy which indicated it is the policy of the company to hold all ALF...apartments during a resident's absence, for as long as the resident/responsible party wishes to continue to hold the apartment and for as long	A 011		

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A 011	Continued From page 2 as they continue to pay the monthly rental fee. Review of email sent to Resident #4's family member on indicated notice of termination effective for his mom's stay at the facility. This notice did not give 45 days' notice of discharge. On at 1:27 p.m., during an interview, the Memory Care Director (MCD) said Resident #4 lived at the facility and was in the memory care unit. Resident #4 was very small, required a wheelchair and was able to transfer with one person assist. The MCD said Resident #4 was transferred to rehabilitation after her hospital stay, and what he knows was the administrator sent the family member an email and notified him that the resident could not return to the facility. The MCD said the nurse would be the person that goes out to assess the resident for return to the facility if out of the hospital and rehabilitation. The MCD said from what he remembers the nurse did not go to assess Resident #4 in person for a return to the facility. On at 2:05 p.m., during an interview, the Administrator said the facility nurse should have gone and reassessed Resident #4. Just because someone is a 2-person assist does not meant they can't come to the facility, and if she had determined that the facility could not meet the care needs of Resident #4 at the facility, the nurse should have issued her a 45 days' notice of discharge. The Administrator confirmed Resident #4 wasn't issued a proper notice of discharge, and the nurse (HWD) did not assess the resident to see if she could return to the facility. Class III	A 011		

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A 011	Continued From page 3 .	A 011		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. . . , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents	A 162		

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A 162	Continued From page 4	A 162		

receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that [illegible] not be taken.
(g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.
(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C.
(i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C.
(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S.
(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S.
(l) If the resident is an [illegible] recipient, a copy of the Department of Children and Families form Alternate Care Certification for [illegible] ([illegible]), CF-ES 1006, [illegible], which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be

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A 162	Continued From page 5 the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to maintain resident records onsite for each	A 162		

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A 162	Continued From page 6 resident containing documentation required for compliance and available for inspection per Florida Administrative code for 4 (Residents #1, #2, #3, and #5) of 6 records as required. The findings included: On at 11:15 a.m., A request was made to the Administrator for the clinical records for Residents #1, #2, and #3, for review. . On at 1:13 p.m., a Second request was made to the Administrator for the clinical records for Residents #1, #2, and #3 for review. On at 1:15 p.m., during an interview, the Administrator said she does not have those records for Residents #1, #2, and #3 as the previous facility owners took everything with them when they left but she will check for the records. On at 3:06 p.m., during an interview, the Administrator confirmed no records were onsite for review for Resident #1, #2, and #3. She said the previous facility owners moved out of the facility and took all the records with them including records that were here before they managed the facility. On at 12:55 p.m., during an interview, a request was made to the Administrator for the clinical record for Resident #5 for review. The Administrator called down to the memory care unit and requested the record. On at 12:58 p.m., during an interview, the Administrator said she has no record onsite for Resident #5. She said there is no record for review onsite for Resident #5 currently.	A 162		

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A 162	Continued From page 7 Class III . .	A 162		