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
	AL11967748	A. BUILDING: _____ B. WING _____	03/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR OF VENICE	1600 CENTER RD 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 for #2024002207 was conducted on through at Windsor of Venice, an assisted living facility in Venice Florida. Complaint #2024002207 was substantiated. The following is the description of the deficiencies. . .	A 000		
A 025 SS=G	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.	A 025		

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A 025	Continued From page 1 An assisted living facility must provide care and 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 record review, and interview, the facility failed to provide care and services appropriate to the needs of residents accepted for admission to the facility. The facility failed to assist in making . . for the necessary care and services to treat the change in condition for 1 (Resident #1) of 4 residents reviewed with	A 025		

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A 025	Continued From page 2 third-party services. Resident #1 had an in but care and treatment was not included on the Resident Health Assessment. There was no documented orders for care until . The lack of coordinated care contributed to unnecessary hospital visits and , to the resident. Further the facility failed to maintain a written record of any significant changes or illnesses that resulted in medical attention for 1 (Resident #7) of 4 residents reviewed for . The resident suffered 7 (5 with injuries) in the first 6 months of 2024. There was no evidence of consideration of additional interventions to prevent further . A Risk Evaluation was not completed until after the 7th . The findings included: 1. In an interview on at 9:55 a.m., Resident #1 said he has ( ) and was now on an . He said he planned to have surgery soon, related to tract issues. During this interview in his room, he was observed sitting and a was visible. On , review of Resident #1's clinical records revealed Resident Health Assessment (Form 1823) dated which included: Nursing/Treatments/ , , Service Requirements: None. Physician orders signed noted diagnoses including: , [blockage of] and Inability to Empty . Only medications were ordered at that time. Level of service review dated included	A 025		

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A 025	Continued From page 3 Management, Requires staff assistance to empty and/or order supplies, Coordination of Third Party Services, Assistance more than twice per month in communicating with or scheduling third party services. History and Physical from Sarasota Memorial Venice Hospital dated included, "Patient was actually evaluated yesterday, on for questionable obstruction. Patient had a placed on ..." Resident Health Assessment Form 1823 dated which included Medical History and Diagnoses: d/t [due to] [ ]- [ ]... Nursing/Treatments/ Service Requirements: [,]. Document Review Report from Sarasota Memorial Venice Hospital dated noted, "He arrives in acute with an which he states has not been draining ... Due to patient's presentation, I am concerned for life/ threatening differentials including: retention, , AKI [acute injury]..." Resident notes dated 6p-6a included Resident was sent to SMV [Sarasota Memorial Venice Hospital] for blockage. scale of 9." Physician Orders dated included, "HH SN [home health skilled nurse] to manage care" and "LSN [licensed skilled nurse] to change bag and tubing weekly and change monthly."	A 025		

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A 025	Continued From page 4 2. On review of the facility policy titled Management, Policy # -0020P effective date revealed: Purpose includes: "Guidelines are also set forth to assist in developing practices and procedures to reduce or mitigate of the occurrence of resident as possible." Procedure includes: " . The Healthcare Coordinator is responsible to evaluate each incident of and, in conjunction with the resident, their legal representative and physician update the plan of care as appropriate to reduce the risk for future ." On , review of Resident #7's Resident Health Assessment (Form 1823) dated noted physical limitations as "ambulates with a standard walker." On , review of 2024 incidents revealed Resident #7 had as follows: at 7:00 a.m., in bathroom with no injury, found on floor. at 4:30 a.m., in bathroom with injury sent to SMH Venice ER [emergency room]. Resident Note indicated a to , & right . at 11:00 a.m., in resident room, with injury, treated in-house. Resident Note: to left . at 7:30 a.m., in resident room, with injury to SMHV ER. Resident Note: hit , to left . Resident Note : resident with increased	A 025		

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A 025	Continued From page 5 . at 4:00 a.m., in resident room, with injury to SMH. Resident Note: complaint of , , no new orders. at 5:30 a.m., in resident room, no injury. Resident Note: resident slid out of bed. at 1:00 a.m., in resident room, with injury, to SMHV. Resident Note: complaint of left , and , . [no hospital report] Risk Evaluation post- score 19, also noted "wheelchair bound." Resident #7's Resident Health Assessment (Form 1823) dated noted physical limitations as "w/c [wheelchair]" Resident #7's clinical record did not show any evaluation or interventions that might result in the provision of additional services to prevent . In a phone interview on at 9:32 a.m., Resident #7's daughter said her mother was falling because she could not remember that she could not get up by herself. When asked why there have been no since , the daughter said, "She is less mobile now." Class II .	A 025		
A 031 SS=D	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to	A 031		

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A 031	Continued From page 6 prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and	A 031		

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A 031	Continued From page 7 whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure care coordination including documented communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility for 1 (Resident #1) of 4 residents reviewed for third-party services. Resident #1 had an in but care and treatment was not included on the Resident Health Assessment. There were no documented orders for care until . There was a lack of documentation as to the provision of	A 031		

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A 031	Continued From page 8 care by the facility and the third-party provider. The lack of documented coordination contributed to unnecessary hospital visits and , to the resident. The findings included: Third-Party Providers Policy # -0170P, revised . Procedure: III. Third-party providers must execute a Third-Party Provider Agreement with the residence prior to approval to deliver services within the residence. Third Party Provider Responsibilities: II. The third-party provider shall provide a copy of original plans of care and all changes in the plans of care ... VI. All providers performing a service must document the service on the third-party coordination form. In an interview on at 9:55 a.m., Resident #1 said he has a (,) and was now on an medication. He said he planned to have surgery soon, related to , tract issues. During this interview in his room, Resident #1 was observed sitting and a , was visible. On , review of Resident #1's record revealed a Resident Health Assessment Form 1823 dated which included Nursing/Treatments/ , , Service Requirements: None. Physician orders signed noted diagnoses including: , , [blockage of] and Inability to Empty . Only medications were ordered at that time. Level of service review dated included	A 031		

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A 031	Continued From page 9 Management, Requires staff assistance to empty and/or order supplies and Coordination of Third Party Services, Assistance more than twice per month in communicating with or scheduling third party services. History and Physical from Sarasota Memorial Venice Hospital dated included, "Patient was actually evaluated yesterday, on for questionable obstruction. Patient had a placed on ..." Resident Health Assessment (Form 1823) dated which included Medical History and Diagnoses: d/t [due to] [ ] - [ ]... Nursing/Treatments/ Service Requirements: / [, , / ,]. Record review of report from Sarasota Memorial Venice Hospital dated noted, "He arrives in acute with an which he states has not been draining ... Due to patient's presentation, I am concerned for life/ threatening differentials including: retention, , AKI [acute injury]..." Resident Notes dated 6p-6a included Resident was sent to SMV [Sarasota Memorial Venice Hospital] for blockage. scale of 9." Physician Orders dated included, "HH SN [home health skilled nurse] to manage care" and "LSN [licensed skilled nurse] to change bad and tubing weekly and change monthly." In an interview on at 2:10 p.m., when	A 031		

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A 031	Continued From page 10 asked if there was a healthcare director prior to her starting, the present Healthcare Director said she was hired on but was not working in the facility until the end of . She was unaware of her predecessor or what was done. Class III .	A 031		
A 093 SS=D	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, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. 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	A 093		

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A 093	Continued From page 11 according to the Dietary Reference Intakes. (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	A 093		

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A 093	Continued From page 12 be identified on the menus developed for use in 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 observation, record review, and interview, the facility failed to provide the meals	A 093		

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A 093	Continued From page 13 according to the menu that was conspicuously posted and available to residents who take meals in the facility dining room. This negates the idea of a providing a planned menu for the residents. The findings included: On at about 11:30 a.m., outside the dining room, the posted "Gold Leaf Choice Weekly Menu" listed for lunch this day (Tuesday): Broccoli Cauliflower Salad, Beef Tips w\Mushroom Gravy, Confetti Rice, Mixed Vegetables; or Pork Stir Fry w\Vegetables, Lo Mien Noodles, Steamed Vegetables, and Orange Cake. Observation in the dining room on at around 12:15 p.m., found residents were eating chicken or salmon. In an interview on at about 3:00 p.m., Resident #2 said he had lemon chicken for lunch today. On at 1:25 p.m., review of substitution log found no entries for . In an interview on at 1:31 p.m., the Chef said she just started Thursday of last week. She said there were no substitutions since she started until today ( ) when she substituted mixed vegetables for Brussels sprouts. She said they were on week 2, day 11 of the approved standardized menus today. After viewing the posted menu, she acknowledged the approved menus were not the same as the posted menu. Class III .	A 093		