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
	AL11969329	A. BUILDING: _____ B. WING _____	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIANA OF VENICE	2321 E VENICE AVE 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 relicensure, limited nursing services,emergency power plan monitoring, health facility reporting system, visitation form and complaint survey for #2024009631, & #2025001039 was conducted on through at Liana of Venice, an assisted living facility in Venice, Florida. Complaint #2024009631 was not substantiated. Complaint #2025001039 had 3 allegations 2 were not substantiated and 1 was substantiated at A0083. The following is the description of the deficiencies. .	A 000		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently	A 083		

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A 083	Continued From page 1 certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure a staff member who holds a current valid First Aid and ( ) card is in the facility at all times for 4 (Staff A, B, C, D) of 4 staff sampled for certification. The Findings included: Staff A's employee file revealed a hire date of as a caregiver. Staff A's file contained no documentation of a current, valid or First Aid card. Staff B's employee file revealed a hire date of as a caregiver. Staff B's file contained no documentation of a current, valid or First Aid card. Staff C's employee file revealed a hire date of as a caregiver. Staff C's file contained no documentation of a current, valid or First Aid card. Staff D's employee file revealed a hire date of as a caregiver. Staff D's file contained no documentation of a current, valid or First Aid card. A review of the facility staff Schedule for to showed no designation of any Staff as having current training on 2nd shift (2:00 - 10:00 pm)and 3rd shift (10:00 pm - 6:00 am). Further review found only 7 of 27 current "direct	A 083		

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A 083	Continued From page 2	A 083		

care" staff have current valid on file.

A review of the current staff Schedule for to revealed; On , , , ., , , , ., ., , , , , , ., ., ., ., and no designated staff with on duty for :00 shift. Further review found only 5 of 27 current "direct care" staff have documentation on file.

On at 9:32 a.m., during an interview, the Executive Director (ED) stated she is the person that does the staffing schedule. The ED stated, "for the staff to know which other staff are certified on the schedule, she placed a next to the staff name but that has off." The ED said she also has an employee active roster for the certification to keep track and be able to schedule the staff on the schedule. The ED reviewed the staff schedule for the month of through current (-)and acknowledged there would be days on the schedule that there are no staff with valid on shift in the facility.

Class III

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A 090 SS=D	59A-36.011(11) FAC Training -	A 090		

(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

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A 090	Continued From page 3 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 failed to ensure all direct care employees completed 1 hour of ( ) training for 2 (Staff A, Staff B) of 3 employee records reviewed. The findings included: On , record review for Staff A revealed a hire date of as a Caregiver. Further review revealed documentation of 30 minutes of training completed on . The regulation requires 1 hour of training to be completed. On , record review for Staff B revealed a hire date of . Further review revealed documentation of 30 minutes of training completed on . The regulation requires 1 hour of training to be completed. On at 8:20 a.m., during an interview, the Executive Director (ED) stated she is the only person in charge of employee records. The ED stated that all employee training's are located in the employee files. She said that "I thought the training was half an hour". The ED reviewed the certificates and acknowledged that the	A 090		

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A 090	Continued From page 4 training was only for 30 minutes, and did not meet regulation requirements. Class III .	A 090		