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
	AL11969091	A. BUILDING: _____ B. WING _____	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUSCAN GARDENS OF VENETIA BAY	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 change of ownership, emergency power plan monitoring, health facility reporting system, visitation form, and complaint investigation for #2024006763, 2025009015, 2024005863, and 2024006727 survey was conducted at Tuscan Gardens of Venetia Bay on through . Complaint #2024006763 was not substantiated. Complaint #2025009015 was substantiated at A0152. Complaint #2024005863 was not substantiated. Complaint #2024006727 was not substantiated. Deficiencies were identified at the time of survey. .	A 000		
A 152 SS=H	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969091	A. BUILDING: _____ B. WING _____	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUSCAN GARDENS OF VENETIA BAY	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 152	Continued From page 1 less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that all existing architectural, mechanical, electrical, and structural systems are maintained in good working order, free of trip hazards. Failure to maintain a safe environment has the potential to lead to a . The findings included: On , during a tour of the Memory Care Unit, a courtyard adjacent to the dining room was observed. In the courtyard, a green turf area with a golf hole, a flag stick, and a 24-inch round planter was observed. There were 2 putters and several golf balls in a container adjacent to the turf area observed.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969091	A. BUILDING: _____ B. WING _____	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUSCAN GARDENS OF VENETIA BAY	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 152	Continued From page 2 The tour revealed a 4-inch-deep indentation in the turf in an area approximately 3 around. Due to the nature of the turf, it was not immediately visible until you step in the area. The golf supplies and the flag stick were directly in the path of the sudden , in the turf. There was also a white drain hub that was visible in the green area near the golf flag stick. It was approximately 8 inches round and nearly 3 inches higher than the level of the turf. It was an immovable object and a severe trip hazard. On , during record review, it was revealed that there were 23 Memory Care residents the facility deemed a risk. On at 1:00 p.m., during an interview, the Memory Care manager said that golf gets played periodically during the nice weather. The green area near the dining room is often used as a game area and a gathering place. On at 3:20 p.m., during an interview, the Memory Care Director said that residents often play golf outside. The space is also utilized for games and is used by residents quite often. On at 3:40 p.m., during an interview, the Director of Maintenance said that the Memory Care courtyard is often used for different events, and it is utilized near the golf putting area as well. The Director of Maintenance acknowledged that the drain cap is in a bad spot even though it is white. The Maintenence Director conifrmed that it was a trip hazard and said he would reach out to his plumbing company and see what they could do to rectify the situation.	A 152		

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
	AL11969091	A. BUILDING: _____ B. WING _____	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUSCAN GARDENS OF VENETIA BAY	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 152	Continued From page 3 On at 9:20 a.m., during an interview and tour of the Memory Care courtyard, the Executive Director (ED) said she covered the sewer cap with a planter. The Administrator observed the hole/indentation in the turf and acknowledged that it was a risk. Class III ** Photographic Evidence Obtained**	A 152		