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
	AL11967208	A. BUILDING: _____ B. WING _____	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VENETIAN ISLES ALF	3003 SW 156 PLACE MIAMI, FL 33185

(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 A re-licensure survey, generator monitoring and a complaint number 2026002730 were conducted at Venetian Isles ALF on through . Deficiencies were identified at the time of the survey.	A 000		
A 027 SS=D	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making , , and remind residents about scheduled , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to contact the healthcare provider regarding the refusal of the medications for one out of six (Resident #1) sampled residents. Findings included: A review of Resident #1's health assessment dated showed diagnoses of , , , type II , and . The resident was alert, awake, and oriented x 2. The physician indicated the resident needed assistance with	A 027		

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A 027	Continued From page 1 ambulation, bathing, , eating, self-care, toileting, and transferring. A review of Resident #1's medication observation record (MOR) showed that the resident was prescribed Jardiance 10 mg scheduled at 7:00 AM. The facility documented that the resident refused the medication from to . A review of Resident #1's progress notes revealed that the resident refused to take some medications on . There was no documentation of any attempts the facility made to contact Resident #1's physician regarding the refusal of medications. A review of webmd.com showed that Jardiance is primarily used to treat type 2 by helping to lower levels. It works by preventing the reabsorption of in the , allowing excess sugar to be excreted in . In addition to managing , Jardiance may also reduce the risk of in people with . It is important to use this medication as prescribed by a healthcare provider. On at 11:58 AM, the Owner stated that the resident refused some of her medications. She added that the resident saw her primary physician at the facility, and he ordered laboratory tests, but she a few days later. Class III	A 027		
A 030 SS=G	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures	A 030		

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A 030	Continued From page 2 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use;	A 030		

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A 030	Continued From page 3 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; . 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:	A 030		

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A 030	Continued From page 4 (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No	A 030		

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A 030	Continued From page 5 religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require 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. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other	A 030		

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A 030	Continued From page 6 person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.-	A 030		

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A 030	Continued From page 7 (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to respect and honor the rights of the resident by providing immediate care, including , , for one out of six (Resident #1) sampled residents. The facility failed to provide access to a telephone to facilitate the resident's right to unrestricted and private communication for one out of six (Resident #1) sampled residents. Findings included: 1) On at 11:58 AM, the Administrator stated that Resident #1 was warm to the touch, and her , was very low when he found her on between 6:00 AM and 6:30 AM. He said he placed the resident on the floor and performed while Staff B called 911.	A 030		

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A 030	Continued From page 8 He stated he was performing on the resident when paramedics arrived. He reported that the paramedics checked the resident and pronounced her . On at 1:12 PM, Resident #1's physician stated that he received a call from the facility, but he did not remember what time, asking him what to do because Resident #1 had . He stated he told them to call 911. A review of the emergency medical services records dated showed they were dispatched to the facility at 8:41 AM. Resident #1 was last seen asleep 3 to 4 hours earlier. The resident was pulseless, apneic, skin pale, , to the / , , stiffness to the airway and upper extremities, and an showing . The resident was declared when they arrived. A review of Resident #1's health assessment dated showed diagnoses of , type II , and . The resident was alert, awake, and oriented x 2. The physician indicated the resident needed assistance with ambulation, bathing, , eating, self-care, toileting, and transferring. The record did not document a ( ). 2) On at 11:58 AM, the Owner stated that Resident #1 was alert and coherent. She said that Resident #1's previous facility and case manager did not provide information about her family members' contact information. The resident did not give information regarding the contact person in case of an emergency during	A 030		

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A 030	Continued From page 9	A 030		

her admission process. Resident #1 had her own phone, and she heard her talking with several people at the time of her admission to the facility. A few days later, the resident misplaced her phone, and they were unable to find it. A friend came to visit her and looked for her phone, but it was not found. He gave her Resident #1's daughter's phone number. She called Resident #1's daughter, and the resident spoke with her.

On at 2:52 PM, Resident #1's daughter stated that she lives out of state and communicated with her mother using her phone. She stated that the facility took her phone away from her and never gave it . Her friend visited her mother at the facility and gave them her phone number. She attempted to contact the facility on several occasions, but they did not answer. They answered her calls on , but she was unable to talk with her mother. They told her that her mother could not talk to her during the first call because she was eating, and that she was sleeping during the second call around 5:15 PM. My mother's phone was found in a box in her closet after she , .

A review of the Owner's phone call log showed a text message from Resident #1's daughter received on at 6:47 PM. She explained that she was unable to communicate with her mother's phone and wanted to know how she was doing. The administrator answered the text message on at 4:15 PM.

A review of Resident #1's daughter's phone call log showed that she attempted to contact the facility's administrator on at 5:28 PM, on at 9:35 AM, 2:56 PM, and 2:57 PM. The Administrator called her on at 7:57 AM.

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A 030	Continued From page 10 A review of Resident #1's record revealed documentation of Resident #1's daughter to be contacted in case of an emergency. Progress notes showed that a friend visited her on . The record did not have documentation that the resident had misplaced her phone, and they were unable to find it. In addition, the facility did not have documentation that Resident #1's daughter was contacted before the resident , on . Class II	A 030		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of	A 054		

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A 054	Continued From page 11 each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain an accurate medication observation record (MOR) that specified the direction of use of each medication for two out of five (Resident #3 and 5) sampled residents. Findings included: A review of Resident #3's medication observation record revealed the medication , was prescribed AM, afternoon and PM. A review of Resident #5's medication observation record revealed that the medications 0.5 and 1 mg AM were prescribed AM, 100 mg was prescribed bedtime, and 50 mg and , Sod ER 250 mg were prescribed AM-PM. On at 1:05 PM, the Administrator confirmed that Resident #3's and 5's MOR did not indicate the time the medications were prescribed. Class III	A 054		
A 162 SS=D	59A-36.015(3) FAC Records - Resident	A 162		

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A 162	Continued From page 12 (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 receiving assistance with the activities of daily living must have their ␣ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice	A 162		

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A 162	Continued From page 13 services when such residents, their representatives, or their physicians request in writing that ˻ 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 recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , , ( ), CF-ES 1006, , 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 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	A 162		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 162	Continued From page 14 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 interview and record review, the facility failed to have an accurate health assessment for three out of six (Resident #2, 3 and 4) sampled residents. Findings included:	A 162		

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A 162	Continued From page 15 1) A review of Resident #2's record showed she was admitted to the facility on and had a diagnosis of , , , , , . The health assessment dated showed the resident required no added salt, low fat/ low diet. A review of Resident #2's hospice record revealed the physician ordered a soft diet on . 2) A review of Resident #3's record showed she was admitted to the facility on and had a diagnosis of , , , , , Type 2 , and , . The health assessment dated showed the resident required a calorie-controlled diet. A review of Resident #3's hospice record revealed the physician ordered a mechanical soft diet on . 3) A review of Resident #4's record showed she was admitted on and a diagnosis of degenerative of nervous system, , , , , , , , , , , , , and , . The physician indicated the resident received hospice care. On at 1:00 PM, the Administrator stated that he would talk to Resident #2's and #3' doctor to get a new health assessment. The Administrator added that Resident #4 was disenrolled from hospice care a few days ago.	A 162		

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A 162	Continued From page 16 Class III	A 162		

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A 000	Initial Comments A re-licensure survey, generator monitoring and a complaint number 2026002730 were conducted at Venetian Isles ALF on through . Deficiencies were identified at the time of the survey.	A 000		
A 027 SS=D	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making , , and remind residents about scheduled , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to contact the healthcare provider regarding the refusal of the medications for one out of six (Resident #1) sampled residents. Findings included: A review of Resident #1's health assessment dated showed diagnoses of , , , type II , and . The resident was alert, awake, and oriented x 2. The physician indicated the resident needed assistance with	A 027		

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A 027	Continued From page 1 ambulation, bathing, ⎵, eating, self-care, toileting, and transferring. A review of Resident #1's medication observation record (MOR) showed that the resident was prescribed Jardiance 10 mg scheduled at 7:00 AM. The facility documented that the resident refused the medication from to . A review of Resident #1's progress notes revealed that the resident refused to take some medications on . There was no documentation of any attempts the facility made to contact Resident #1's physician regarding the refusal of medications. A review of webmd.com showed that Jardiance is primarily used to treat type 2 by helping to lower ⎵ levels. It works by preventing the reabsorption of ⎵ in the ⎵, allowing excess sugar to be excreted in . In addition to managing ⎵, Jardiance may also reduce the risk of in people with . It is important to use this medication as prescribed by a healthcare provider. On at 11:58 AM, the Owner stated that the resident refused some of her medications. She added that the resident saw her primary physician at the facility, and he ordered laboratory tests, but she a few days later. Class III	A 027		
A 030 SS=G	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures	A 030		

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A 030	Continued From page 2 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use;	A 030		

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A 030	Continued From page 3 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; . 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:	A 030		

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A 030	Continued From page 4 (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No	A 030		

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A 030	Continued From page 5 religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require 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. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other	A 030		

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A 030	Continued From page 6 person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.-	A 030		

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A 030	Continued From page 7 (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to respect and honor the rights of the resident by providing immediate care, including , , for one out of six (Resident #1) sampled residents. The facility failed to provide access to a telephone to facilitate the resident's right to unrestricted and private communication for one out of six (Resident #1) sampled residents. Findings included: 1) On at 11:58 AM, the Administrator stated that Resident #1 was warm to the touch, and her , was very low when he found her on between 6:00 AM and 6:30 AM. He said he placed the resident on the floor and performed while Staff B called 911.	A 030		

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A 030	Continued From page 8 He stated he was performing on the resident when paramedics arrived. He reported that the paramedics checked the resident and pronounced her . On at 1:12 PM, Resident #1's physician stated that he received a call from the facility, but he did not remember what time, asking him what to do because Resident #1 had . He stated he told them to call 911. A review of the emergency medical services records dated showed they were dispatched to the facility at 8:41 AM. Resident #1 was last seen asleep 3 to 4 hours earlier. The resident was pulseless, apneic, skin pale, , to the / , , stiffness to the airway and upper extremities, and an showing . The resident was declared when they arrived. A review of Resident #1's health assessment dated showed diagnoses of , type II , and . The resident was alert, awake, and oriented x 2. The physician indicated the resident needed assistance with ambulation, bathing, , eating, self-care, toileting, and transferring. The record did not document a ( ). 2) On at 11:58 AM, the Owner stated that Resident #1 was alert and coherent. She said that Resident #1's previous facility and case manager did not provide information about her family members' contact information. The resident did not give information regarding the contact person in case of an emergency during	A 030		

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A 030	Continued From page 9	A 030		

her admission process. Resident #1 had her own phone, and she heard her talking with several people at the time of her admission to the facility. A few days later, the resident misplaced her phone, and they were unable to find it. A friend came to visit her and looked for her phone, but it was not found. He gave her Resident #1's daughter's phone number. She called Resident #1's daughter, and the resident spoke with her.

On at 2:52 PM, Resident #1's daughter stated that she lives out of state and communicated with her mother using her phone. She stated that the facility took her phone away from her and never gave it . Her friend visited her mother at the facility and gave them her phone number. She attempted to contact the facility on several occasions, but they did not answer. They answered her calls on , but she was unable to talk with her mother. They told her that her mother could not talk to her during the first call because she was eating, and that she was sleeping during the second call around 5:15 PM. My mother's phone was found in a box in her closet after she , .

A review of the Owner's phone call log showed a text message from Resident #1's daughter received on at 6:47 PM. She explained that she was unable to communicate with her mother's phone and wanted to know how she was doing. The administrator answered the text message on at 4:15 PM.

A review of Resident #1's daughter's phone call log showed that she attempted to contact the facility's administrator on at 5:28 PM, on at 9:35 AM, 2:56 PM, and 2:57 PM. The Administrator called her on at 7:57 AM.

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A 030	Continued From page 10 A review of Resident #1's record revealed documentation of Resident #1's daughter to be contacted in case of an emergency. Progress notes showed that a friend visited her on . The record did not have documentation that the resident had misplaced her phone, and they were unable to find it. In addition, the facility did not have documentation that Resident #1's daughter was contacted before the resident , on . Class II	A 030		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of	A 054		

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	AL11967208	A. BUILDING: _____ B. WING _____	05/14/2026

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VENETIAN ISLES ALF	3003 SW 156 PLACE MIAMI, FL 33185

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A 054	Continued From page 11 each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain an accurate medication observation record (MOR) that specified the direction of use of each medication for two out of five (Resident #3 and 5) sampled residents. Findings included: A review of Resident #3's medication observation record revealed the medication , was prescribed AM, afternoon and PM. A review of Resident #5's medication observation record revealed that the medications 0.5 and 1 mg AM were prescribed AM, 100 mg was prescribed bedtime, and 50 mg and , Sod ER 250 mg were prescribed AM-PM. On at 1:05 PM, the Administrator confirmed that Resident #3's and 5's MOR did not indicate the time the medications were prescribed. Class III	A 054		
A 162 SS=D	59A-36.015(3) FAC Records - Resident	A 162		

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A 162	Continued From page 12 (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 receiving assistance with the activities of daily living must have their ␣ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice	A 162		

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A 162	Continued From page 13 services when such residents, their representatives, or their physicians request in writing that ˻ 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 recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , , ( ), CF-ES 1006, , 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 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	A 162		

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A 162	Continued From page 14 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 interview and record review, the facility failed to have an accurate health assessment for three out of six (Resident #2, 3 and 4) sampled residents. Findings included:	A 162		

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A 162	Continued From page 15 1) A review of Resident #2's record showed she was admitted to the facility on and had a diagnosis of , , , , , , , . The health assessment dated showed the resident required no added salt, low fat/ low diet. A review of Resident #2's hospice record revealed the physician ordered a soft diet on . 2) A review of Resident #3's record showed she was admitted to the facility on and had a diagnosis of , , , , , Type 2 , and , . The health assessment dated showed the resident required a calorie-controlled diet. A review of Resident #3's hospice record revealed the physician ordered a mechanical soft diet on . 3) A review of Resident #4's record showed she was admitted on and a diagnosis of degenerative of nervous system, , , , , , , , , , , , , and , , . The physician indicated the resident received hospice care. On at 1:00 PM, the Administrator stated that he would talk to Resident #2's and #3' doctor to get a new health assessment. The Administrator added that Resident #4 was disenrolled from hospice care a few days ago.	A 162		

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A 162	Continued From page 16 Class III	A 162		