STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942766	02/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harbor Inn Of Venice, Inc.	321 Harbor Drive Venice, FL 34285	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D

Specific Tag Findings:
These are the results of an unannounced Biennial survey conducted on [redacted] at Harbor Inn of Venice, Inc. an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview, the facility failed to ensure [redacted] were limited to 1/2 bed rails with a physician's order and the consent of the resident or the resident authorized representative for 2 (Residents #6 and #7) of 10 residents.

The findings include:

On [redacted] at 9:30 a.m., Resident #6 was observed in bed. Her bed was observed to be positioned with one side of the bed against the wall. It was observed the opposite side of the bed had two 1/2 rails in the up position.

On [redacted] at 9:35 a.m., Resident #7 was observed in bed. It was observed Resident #7 had 1/2 bed rails on each side of the bed in the raised position.

Record review for Resident #6 found no physician's order or resident consent for the use of bed rails.

Record review for Resident #7 found no physician's order or resident consent for the use of bed rails.

On [redacted] at 2:30 p.m., the facility's manager stated the facility has no physician's order or resident consent for the use of bed rails for Residents #6 or #7, and did not know why there were two 1/2 rails on one side.

Class III

0032-Resident Care - Elopement Standards 58A-5 0182(8) FAC
Based on record review and interview, the facility failed to have photographs of 2 (Residents #2 and #8) of 2 residents determined to be elopement risks.

The findings include:

Record review for Resident #2 found no photo of the resident. Record review for Resident #8 found no photo.

On [redacted] at 3:30 p.m., the Manager stated Residents #2 and #8 have been determined to be an elopement risk and are known to be exit seeking. The Manager stated the facility does not have photos of either Resident #2 or #8.

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Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and interview, the facility failed to ensure the Administrator who supervises more than 1 Assisted Living Facility (ALF) appoint in writing a manager who has successfully completed CORE training to be in charge of each of the facilities.

The findings include:

A review of the Agencies web site FloridaHealthFinders.gov on . . . . found the Administrator is the Administrator for two facilities.

On . . . . at 10:30 a.m., the facility's Manager stated the Administrator is the Administrator of two facilities. The Manager further stated she is the Manager for both facilities.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Harbor Inn Of Venice, Inc.
321 Harbor Drive
Venice, FL 34285

Dear Administrator:

This letter reports the findings of a Biennial survey that was conducted on 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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