

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910134	(X3) DATE SURVEY COMPLETED 03/26/2015
NAME OF PROVIDER OR SUPPLIER VILLAGE ON THE ISLE	STREET ADDRESS, CITY, STATE, ZIP CODE 930 SOUTH TAMiami TRAIL VENICE, FL 34285	

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

0000 - Initial Comments

An unannounced Biennial survey was conducted in conjunction with Complaint survey CCR# 2015002068, on _____ through _____ at Village on the Isle, an Assisted Living Facility in Venice, Florida.

The following is description of the deficiencies found at the time of survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on resident record review and staff interview, the facility failed to ensure 4 (Residents #8, #15, #16, and #17) of 5 residents had updated health assessments every three years.

The findings included:

1. A review of Resident #8's record showed he was admitted to the facility on _____. A review of the initial health assessment showed it was completed on _____. Further review of his file shows there was no updated health assessment.
2. A review of Resident #15's record showed she was admitted to the facility on _____. A review of the initial health assessment showed it was completed on _____. Further review of her file shows there was no updated health assessment.
3. A review of Resident #16's record showed she was admitted to the facility on _____. A review of the initial health assessment showed it was completed on _____. Further review of her file shows there was no updated health assessment.
4. A review of Resident #17's record showed she was admitted to the facility on _____. A review of the initial health assessment showed it was completed on _____. Further review of the file shows there was no updated health assessment.
5. An interview was conducted with the Administrator at 9:30 a.m., on _____. She said the nurse and Director of Nursing (DON) is supposed to ensure all residents have an updated health assessment every three years.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure 3 (Staff A, C, and E) of 3 direct care staff received a minimum of one year in-service training within 30 days of employment.

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0081 Continued From page 1

The findings included:

1. On , record review for Staff A shows a hire date of as a certified nursing assistant (CNA). Documentation for orientation/training conducted on for emergency preparedness revealed thirty (30) minutes of training. Training on the subjects of Resident Rights and Recognizing and Reporting were combined, among other subjects, into one and one-half (1.5) hours of training.
2. On , record review for Staff C shows a hire date of as a CNA. Documentation for orientation/training conducted on for emergency preparedness revealed thirty (30) minutes of training. Training on the subjects of Resident Rights and Recognizing and Reporting were combined, among other subjects, into one and one-half (1.5) hours of training.
3. On , record review for Staff E shows a hire date of as a CNA. Documentation for orientation/training on for emergency preparedness revealed thirty (30) minutes of training. Training on the subjects of Resident Rights and Recognizing and Reporting were combined, among other subjects, into one and one-half (1.5) hours of training. Training for Staff E was conducted more than 60 days after employment.
4. On , further review of the training program subject matter revealed that Resident Rights in the nursing home setting was being presented instead of Resident Rights in an Assisted Living setting.
5. In an interview at 11:08 a.m. on the Administrator confirmed that Staff A, C, and E are direct care staff. She confirmed that during orientation, employees received thirty (30) minutes of training in emergency preparedness and there was a one and a half (1.5) hour training given to include both Resident Rights and Recognizing and Reporting . The Administrator also said that all new employees received the same training and confirmed that employees of the assisted living facility were trained on Resident Rights in nursing homes.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Village on the Isle
930 South Tamiami Trail
Venice, Florida 34285

RE: Biennial survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representatives 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 _____ 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 surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS:sp

Enclosure: State Form

