STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967208	04/08/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
VENETIAN ISLES ALF	3003 SW 156 PLACE MIAMI, FL 33185	

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

0000 - Initial Comments

A Complaint Investigation survey (CCR # 2015001909) was conducted on . Venetian Isles ALF had deficiencies at the time of the survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to have a written record and documentation that the family members and health care provider were notified for one out of six sampled residents (Resident #2).

Findings included:
Record review on showed that Resident #2 admitted on , the Health Assessment dated indicated the resident was diagnosed with , , and . The resident was independent with eating and independent with ambulation, bathing, dressing, , toileting and transferring.
Review of Resident #2's progress notes documented that on at 7:05 AM, the resident woke up early this morning with aggressive behavior. She refused any kind of help and did not want to take her medications. An ambulance company was called and the resident was transferred to the hospital for , evaluation and treatment. On the facility did not accept again this resident due to her aggressive behavior.
During an interview on at 1:30 PM, the Administrator stated Resident's #2 daughter visited her on . They spoke in the dining . After her daughter left the resident became , . Next day she woke up , agitated and refusing her medications. I called her daughter but she did not answer. I called an ambulance and the resident was transferred to the hospital. I received a call from the hospital the same day but I refused to readmit the resident again to the facility because she needed a higher level of care. I explained to Resident #2's daughters that we were unable to provide service to her mother. Her daughter came and picked Resident's #2 belongings. She stated "I never contacted Resident's #2 physician."
There is no documentation that resident's physician and family members were notified.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on record review and interview, the facility failed to give a 45 days discharged notice for one of six (Resident #2) sampled residents. Based on observation and interview, the facility failed to have the maximum of two beds per .

Findings included:
Record review on showed Resident #2's progress notes documented that on at 7:05 AM, the resident woke up early this morning with aggressive behavior. She refused any kind of help and did not want to take her medications. An ambulance company was called and the resident was transferred to the hospital for , evaluation and treatment. On the facility did not accept again this resident due to her aggressive behavior.
During an interview on at 1:30 PM, the Administrator stated Resident #2's daughter visited her on . They spoke in the dining . After her daughter left the resident became , . Next

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

0030 Continued From page 1

day she woke up ., agitated and refusing her medications. I called her daughter but she did not answer. I called an ambulance and the resident was transferred to the hospital. I received a call from the hospital the same day but I refused to readmit the resident again to the facility because she needed a higher level of care. I explained to Resident's #2 daughters that we were unable to provide service to her mother. Her daughter came and picked Resident's #2 belongings. She stated "I did not give a 45 days discharged notice to Resident #2. I decided to transfer the resident to the nearest hospital."

Observation on at 9:15 AM showed that there were three beds in #.
Interview conducted on at 10:15 AM, the administrator stated "Resident #3, 4 and 6 reside in #. We have an empty . I am going to remove one bed immediately."
Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to honor its refund policy for one out of six (Resident #2) sampled residents.

Findings included:

Record review on showed that Resident #2 admitted on .
Review of Resident #2 progress notes document that on at 7:05 AM, the resident woke up early this morning with aggressive behavior. She refused any kind of help and did not want to take her medications. An ambulance company was called and the resident was transferred to the hospital for evaluation and treatment. On the facility did not accept again this resident due to her aggressive behavior.
During an interview on at 1:30 PM, the Administrator stated Resident #2's daughter visited her on . They spoke in the dining . After her daughter left the resident became . Next day she woke up , agitated and refusing her medications. I called her daughter but she did not answer. I called an ambulance and the resident was transferred to the hospital. I received a call from the hospital the same day but I refused to readmit the resident again to the facility because she needed a higher level of care. I explained to Resident's #2 daughters that we were unable to provide service to her mother. Her daughter came and picked Resident's #2 belongings. " I received payment for 2015 and I did not give a refund to her daughters."
Resident #2 was discharged on and the facility failed to provide resident #2 a refund for the prorated amount.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Venetian Isles Alf
3003 Sw 156 Place
Miami, FL 33185

RE: CCR #2015001909

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was conducted on . I 8, 2015 by representative(s) 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 surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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