STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964559	**05/20/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE VENICE ISLAND	**1200 AVENIDA DEL CIRCO VENICE, FL 34285**	

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

0000 - Initial Comments

An unannounced Biennial and Limited Nursing Services (LNS) survey was conducted at Brookdale Venice Island, an Assisted Living Facility located in Venice, Florida.

The following is description of deficiencies.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, facility failed to obtain evidence of a negative examination documentation on an annual basis for 1 (Staff C) out of 4 sampled staff.

The findings included:

Record review for Staff C, the Executive Director (ED), hired on revealed that the most recent negative examination was dated and expired on

The ED said on at 11:42 a.m. that he was planning on going to the doctor for his annual exam at the end of the week.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and interview the facility failed to keep a substitution log of regular and therapeutic menus as served, with substitutions noted before or when the meal is served for 6 months.

The findings included:

Observation during lunch on at 12:05 p.m. revealed that the following was served to residents: Pickled beet salad or apple sauce for starters; Yankee pot roast; boiled red skin potatoes; steamed carrots; homemade pudding; no added sugar vanilla ice cream. The menu posted was identical with menu served.

The dated and approved by the dietician menu indicated that the following was to be served to all residents on : Pickled Beet salad; soup; Roast turkey plate; sautéed Spinach; dinner roll; low fat milk. Dessert was to be pineapple upside down cake and sugar free raspberry gelato. No substitutions were noted at the substitution log before or when the meal was served. Only one substitution was found on the log dated

The Executive Director (ED) said on at 12:15 p.m., that the person responsible to prepare meals, the facility's Dining Service Coordinator, utilized the dropped down menu option provided by corporate dietician but forgot to print the substitutions. She said that she did not have any documentation for any substitutions.

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0093 Continued From page 1

During interview on [redacted] at 10:10 a.m., The Dining Service Coordinator said she did not utilize the substitution log for all changes made from the menu. She said she will start using the document from now on.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Brookdale Venice Island
1200 Avenida Del Circo
Venice, FL 34285

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, R.N.
Field Office Manager

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Enclosure: State Form

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