STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967208	**11/12/2015**
NAME OF PROVIDER OR SUPPLIER **VENETIAN ISLES ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3003 SW 156 PLACE** **MIAMI, FL 33185**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on [redacted], 2015. Venetian Isles Alf, Inc. had the following deficiencies identified at time of survey.

0010 Admissions - Continued Residency

Based on record review and interview, the Assisted Living Facility failed to have an accurate health assessment (AHCA form 1823) that reflected resident significant change in condition for one out of five (#4) sampled residents.

Findings included:

Record review of Resident #4 's file revealed the health assessment completed on [redacted] indicated that resident needed administration of medication. Resident #4's medication observation record (MOR) has been initialed by caregivers.

In an interview with Caregiver A on [redacted] at 2:40 PM revealed that unlicensed staff assisted Resident #4 with self-administration of medication.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the Assisted Living Facility failed to have a resident consent for the use of full side rails for two (#4 and #5) out of five sampled residents.

Findings included:

Observation on [redacted] at 9:30 AM revealed that Resident #4 was resting on bed with eyes open and son was at bedside, also in [redacted] # has a bed with a full side bed rail attached.

Record review of Resident #4 's file revealed that Resident #4 had in file consent to the use of half-bed rail signed on [redacted] by Resident #4 's son. There was a doctor order provided by hospice doctor for complete bed side rails ( ) singed on [redacted].
Record review of Resident #5 's file revealed that Resident #5 had in file consent to the use of half-bed rail signed. There was a doctor order provided by hospice doctor for complete bed side rails ( ) singed on [redacted].

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In an interview with Caregiver A on / / at 10:20 AM revealed that Resident #5 used to use full-bed rails up while on bed.
In an interview with Caregiver A on / / at 1:42 PM revealed that Resident #4 used to use half-bed rails but hospice just changed.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, the Assisted Living Facility's caregiver failed to follow proper procedures during assistance with self-administration of medication for one out of five (#5) sampled residents.

Finding included:

Observation on / / at 12:50 PM revealed that Caregiver A assisted Resident #5 with self-administration of medication. Caregiver A put 10mg/15 ml solution in a measured cup which measures a maximum of 20 ml and Caregiver A put over 20 ml. Caregiver A gave the cup with medicine to Resident #5 and initialed the medication observation record (MOR) before Resident #5 took the medicine.

Record review on / of Resident #5's medication observation record (MOR) revealed the 10mg/15 ml solution 30 ml was ordered to be take at bedtime. On the MOR the scheduled times were changed to 8 AM, 12 PM, 6 PM and 12 AM. MOR has been initialed for the four times since /

In an interview with Caregiver A on / / at 12:55 PM revealed that she knew that Resident #5 was going to take the medicine and she initialed it before for not forgetting.
Class III

0083 Training - First Aid and

Based on record review and interview, the Assisted Living Facility failed to have proof of First Aid training in record at time of survey for Caregiver E.

Findings included:

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Record review for Caregiver E's personnel file revealed that there was no First Aid training on record for Caregiver E.

In an interview with Caregiver A on / / at 2:12 PM revealed that she knew that Caregiver E had the First Aid training but she did not know it was not in record.

Class III

0161 Records - Staff

Based on record review and interview, the Assisted Living Facility failed to have a job application on record at time of survey for Caregiver C as well as to have prove of background screening results in record at time of survey for Caregiver B.

Findings included:

Record review for Caregiver C's personnel file revealed that there was no job application in record for Caregiver C.
In an interview with Caregiver A's on / / at 12:12 PM revealed that Caregiver C did not complete the job application because the form was not available.

Record review for Caregiver B's personnel file revealed that background screening results eligible for Caregiver B were done on . The agency's background screening website revealed eligible- for Caregiver B.

In an interview with Caregiver A on / / at 2:12 PM revealed that she knew that Caregiver B had the background screening but she did not know it was not in record.

Class III

0162 Records - Resident

Based on record review and interview, the Assisted Living Facility failed to have doctor orders in record at the facility for a change of medicine for one out of five (#5) sampled residents as well as to a weight record that is initiated on admission. Facility failed to ensure residents receiving assistance with the activities of daily living must have their weight recorded semi-annually, maintain proof of distribution of , ( ), as well as to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of five

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(#4) sampled residents.

Findings included:

Record review on / / of Resident #5's medication observation record (MOR) revealed the 10 mg/15 ml solution 30 ml was ordered to be take at bedtime. On the MOR the scheduled times were changed to 8 AM, 12 PM, 6 PM and 12 AM. MOR has been initialed for the four times since /. There was no doctor order in record for the .

In an interview with Caregiver A on / at 2:30 PM revealed that Resident #5's doctor order changed due to her ammonia levels were high.

Record review of Resident #4's file revealed that Resident #4 last weight was on / and health assessment (AHCA form 1823) completed on revealed that Resident #4 needed total care for all activities of daily living.

In an interview with Caregiver A on / / at 1:42 PM revealed that facility did not document resident #4's weight because Resident #4 was enrolled in hospice.

Record review of Resident #4's file revealed that CF- ES 1006 was on file.
In an interview with Caregiver A on / at 2:14 PM revealed that facility bought personal items for Resident #4 but they do not have a detail record.

Record review of Resident #4 's file revealed that Resident #4 had in file consent to the use of half-bed rail signed on / by Resident #4 's son. There was a doctor order provided by hospice doctor for complete bed side rails ( ) singed on /.

In an interview with Caregiver A on / / at 2:20 PM revealed that facility will obtain proof that Resident #4's son can signed for her.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

jcj
Enclosure
XG90

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