STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942766	01/04/2016

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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Relicensure survey was conducted on / / at Harbor Inn of Venice, an Assisted Living Facility in Venice, Florida.

The following is description of the deficiencies that were found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to provide a safe environment by having 3 of 10 beds equipped with side rails that were not mounted and securely attached to the frame of the bed.
The findings included:
On / / at 9:38 a.m., during a tour of the facility, in the first the left of the dining , a metal bar was observed on one side of the bed. The bar slid under the mattress and extended up above the bed. The 2 beds in the the kitchen and office were observed to also have a metal bar located on one side of the bed that slid under the mattress of each bed. The metal bars were not securely attached to the frames of the bed to prevent sliding away from the bed, creating a hazard and potential entrapment area.
In an interview on / / at 3:45 p.m. with the Administrator, she said she was not aware those type side rails were considered a safety issue, and will have them all removed. The Administrator said there had been no injuries reported from the rails.

Photographic evidence on file

Class III

0054 Medication - Records

Based on record review and interviews, the facility failed to ensure Medication Observation Records (MOR) were complete and accurate for 1 (Resident #4) of 2 residents records reviewed.
The findings included:
The facility's policy for medications indicated the MOR must record every time the resident receives a medication, refuses a medication, or a medication is missed.
Resident #4's MOR for , and 2015 were reviewed and contained several missing entries.
The resident was scheduled to receive Mirilax (a) on 6/5, / , , , 7/5, , and . There was no documentation on the MOR of the resident receiving the medication. On , and the resident was to receive (). There was no documentation the resident

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received this medication. On [redacted] and [redacted], the resident was to receive [redacted] D. There was no documentation the resident received the medication. On [redacted] and [redacted], the resident was to receive [redacted] ([redacted] medication). There was no documentation the resident received the medication. On [redacted], [redacted], and [redacted], the resident was to receive Florastor (herbal medication). There was no documentation the resident received the medication. On [redacted] the resident was to receive 3 doses of [redacted] ([redacted]). There was no documentation the resident received the medication.
On [redacted] at 3:15 p.m., the Administrator confirmed there was missing documentation in the resident's medication record.

Class III

0093 Food Service - Dietary Standards

Based on observation, review of menus, and staff interview, the facility failed to ensure menus were conspicuously posted and failed to ensure that there was no more than 14 hours between the end of the evening meal and start of breakfast meal.

The findings included:

1. On [redacted] at 10:30 a.m., the menu was observed posted on the refrigerator in the kitchen. The kitchen is not an area frequented by the majority of residents.

During an interview with the Administrator on [redacted] at 11:30 a.m., she acknowledged the menu was not conspicuously posted.

2. The facility's meal times were identified as breakfast is served at 8:00 a.m., lunch at 12:00 noon and dinner is served at 4:45 p.m.

In an interview with the Administrator on [redacted] at 2:25 p.m., she confirmed that the evening meal concludes at 5:30 p.m. and the breakfast meal commences at 8:00 a.m. This equates to a 14.5 hour interval between the meals.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2016 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. **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 , 2016.** 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 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

XG90

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