

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 02/22/2016  
FORM APPROVED**

|                                                                   |                                                                                       |                                                           |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11942766</b>           | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>02/17/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>HARBOR INN OF VENICE, INC.</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>321 HARBOR DRIVE<br/>VENICE, FL 34285</b> |                                                           |

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

**0000 Initial Comments**

An unannounced revisit survey was conducted on 2/17/16 at Harbor Inn of Venice, an Assisted Living Facility in Venice, Florida. This was a follow-up to the Biennial Survey completed on 1/4/16.

The previous deficiencies were found corrected and no new deficiencies were identified.

# STATE FORM: REVISIT REPORT

|                                                                  |                                                                               |                              |
|------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>AL11942766 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | DATE OF REVISIT<br>2/17/2016 |
| NAME OF FACILITY<br>HARBOR INN OF VENICE, INC.                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>321 HARBOR DRIVE<br>VENICE, FL 34285 |                              |

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| ITEM<br>Y4                                  | DATE<br>Y5 | ITEM<br>Y4               | DATE<br>Y5 | ITEM<br>Y4              | DATE<br>Y5 |
|---------------------------------------------|------------|--------------------------|------------|-------------------------|------------|
| ID Prefix A0030                             | Correction | ID Prefix A0054          | Correction | ID Prefix A0093         | Correction |
| Reg. # 58A-5.0182(6) FAC.<br>429.28(1-2) FS | Completed  | Reg. # 58A-5.0185(5) FAC | Completed  | Reg. # 58A-5.020(2) FAC | Completed  |
| LSC                                         | 02/17/2016 | LSC                      | 02/17/2016 | LSC                     | 02/17/2016 |
| ID Prefix                                   | Correction | ID Prefix                | Correction | ID Prefix               | Correction |
| Reg. #                                      | Completed  | Reg. #                   | Completed  | Reg. #                  | Completed  |
| LSC                                         |            | LSC                      |            | LSC                     |            |
| ID Prefix                                   | Correction | ID Prefix                | Correction | ID Prefix               | Correction |
| Reg. #                                      | Completed  | Reg. #                   | Completed  | Reg. #                  | Completed  |
| LSC                                         |            | LSC                      |            | LSC                     |            |
| ID Prefix                                   | Correction | ID Prefix                | Correction | ID Prefix               | Correction |
| Reg. #                                      | Completed  | Reg. #                   | Completed  | Reg. #                  | Completed  |
| LSC                                         |            | LSC                      |            | LSC                     |            |
| ID Prefix                                   | Correction | ID Prefix                | Correction | ID Prefix               | Correction |
| Reg. #                                      | Completed  | Reg. #                   | Completed  | Reg. #                  | Completed  |
| LSC                                         |            | LSC                      |            | LSC                     |            |

  

|                                                      |                                    |                 |                                                              |                 |
|------------------------------------------------------|------------------------------------|-----------------|--------------------------------------------------------------|-----------------|
| REVIEWED BY<br>STATE AGENCY <input type="checkbox"/> | REVIEWED BY<br>(INITIALS) <i>W</i> | DATE<br>2-22-16 | SIGNATURE OF SURVEYOR<br><i>Quincy for Robin Herman, JNS</i> | DATE<br>2-22-16 |
| REVIEWED BY<br>CMS RO <input type="checkbox"/>       | REVIEWED BY<br>(INITIALS)          | DATE            | TITLE                                                        | DATE            |

FOLLOWUP TO SURVEY COMPLETED ON 1/4/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

February 22, 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 revisit conducted on February 17, 2016 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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. 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 and Revisit Report

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