

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967208	(X3) DATE SURVEY COMPLETED R
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NAME OF PROVIDER OR SUPPLIER VENETIAN ISLES ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 3003 SW 156 PLACE MIAMI, FL 33185
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Standard Biennial 2nd Revisit Survey was conducted on 03-16-2016 at Venetian Isles Alf. There was a deficiency identified at time of survey.

0007 Admissions - Criteria

Based on record review, interview, and observation the facility failed to ensure residents admitted to the facility met admission criteria.

Findings included:

Observations during tour of the facility on 03-16-2016 at 10:30 AM found in room #1 Resident #1 lying in bed sleeping with a hospice staff member sitting in the room.

The hospice staff member reported on 03-16-2016 at 10:30 AM the resident was placed on continuous care ordered by the hospice doctor.

Record review revealed Resident #1 was admitted to the facility on 03-16-2016 and placed under hospice care on 03-16-2016. Resident #1's health assessment dated 03-16-2016 documented that she was bedridden and required total assistance with activities of daily living.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11967208	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
Y1	Y2	Y3
NAME OF FACILITY VENETIAN ISLES ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 3003 SW 156 PLACE MIAMI, FL 33185	

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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0030	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) <i>CS</i>	DATE <i>3/29/14</i>	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 11/12/2015	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2016

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

Dear Administrator:

This letter reports the findings of a **second** standard biennial licensure revisit survey conducted on, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than, 2016.**

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

YOSF

