

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 04/27/2016  
FORM APPROVED

|                                                                                   |                                                                                          |                                                     |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968551</b>              | (X3) DATE SURVEY COMPLETED<br><br><b>04/18/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>GARDENS OF VENICE<br/>RETIREMENT RESIDENCE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2901 JACARANDA BLVD<br/>VENICE, FL 34293</b> |                                                     |

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

**0000 Initial Comments**

An unannounced Complaint Survey, CCR#2016000946 was conducted on at Gardens of Venice Retirement Residence, an Assisted Living Facility in Venice, Florida.

The complaint contained 1 allegation which was substantiated with a deficiency.

The following is a description of the deficiency found at the time of the visit.

**2814 Background Screening Clearinghouse**

Based on record review and staff interview, the facility failed to place Staff #A, #B, #C, #D on the employee roster within the Background Screening Clearinghouse.

The findings included:

On , the facility employee roster was reviewed. Four staff members (Staff A, B, C, and D) were not included on the roster.

On at 1:15 p.m. the Administrator stated, "I put them on there and updated it for you."

Unclassified



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

, 2016

Administrator  
Gardens Of Venice Retirement Residence  
2901 Jacaranda Blvd  
Venice, FL 34293

RE: CCR #2016000946

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. 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 deficiency 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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