STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965273	09/29/2016
NAME OF PROVIDER OR SUPPLIER **HARBOR INN OF VENICE SOUTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **160 RUTLAND ROAD** **VENICE, FL 34293**	

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

0000 Initial Comments

An unannounced complaint investigation for CCR #2016011201 was conducted on / at Harbor Inn of Venice South, an Assisted Living Facility (license #8268) in Venice, Florida. The complaint contained 1 allegation, of which 1 were substantiated with a deficiency.

The following is description of the deficiencies.

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to maintain the employment status of all employees on the employee roster.

The findings included:

Review of the Agency for Health Care Administration Background Screen Website for this provider showed an empty employee roster.

In an interview on at 1:32 p.m., the Owner and hired Consultant said they were not aware of the Background Screening Roster and there is no one on it at this time for either building. They also stated the person that used to be in charge of this has been terminated and they have no explanation why it wasn't done.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to obtain a background screen prior to hiring or otherwise allowing an employee to have contact with any person for 3 (Staff A, B, and C) of 4 staff reviewed.

The findings included:

Review of the employee records for Staff A showed a hire date of . Staff A was hired as a direct caregiver. There was no Agency for Health Care Adminidtration background screen in Staff A's file.

Review of employee records for Staff B showed a hire date of / /. Staff B was hired as a direct caregiver. The Agency for Health Care Adminidtration Background screen showed an eligible date of

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I/ . The employee application did not indicate prior employment that required a Level II screeniing.

Review of employee records for Staff C showed a hire date of I/ . Staff C was hired as a direct caregiver. There was no Agency for Health Care Adminidtration background screening in Employee C's file.

On at 1:32 p.m., the Owner and hired Consultant stated the person that used to be in charge of this has been terminated and they have no explanation why they haven't been done or are not present.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

Administrator
Harbor Inn Of Venice South
160 Rutland Road
Venice, FL 34293

RE: CCR #2016011201

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted] 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 [redacted], 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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