| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11942766 | 09/29/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**HARBOR INN OF VENICE, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**321 HARBOR DRIVE**<br>**VENICE, FL 34285** | |

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

**0000 Initial Comments**

An unannounced complaint survey for CCR #2016011130 and CCR #2016011105 was conducted on at Harbor Inn of Venice, an Assisted Living Facility in Venice, Florida (license #8268). This survey was completed in conjunction with complaint investigation CCR #2016011201.
The complaints contained 5 allegations, of which 3 were substantiated with a deficiency.

The following is description of the deficiencies.

**0078 Staffing Standards - Staff**

Based on record review and interview, the facility failed to obtain a written statement from a health care provider documenting that newly hired staff does not have any signs or symptoms of communicable and/or failed to ensure staff have a freedom from ( ) statement annually for 4 (Staff A, B, C, and D) of 5 staff reviewed.

The findings included:

1. Record Review showed Staff A with a hire date of / . Staff E works as a med tech and direct caregiver. Staff A's personnel file contained a negative test from / . The next test for was not conducted until .

2. Record review showed Staff B with a hire date of / / . Staff B works as a med tech and caregiver. Staff B's personnel file contained a negative test from / . The next test for was not conducted until .

3. Record review showed Staff C with a hire date of . Staff C works as a direct caregiver. Staff C's personnel file contained no documentation that Staff C is free from communicable . Staff C's personnel file contained no documentation of a negative test.

4. Record review showed Staff D with a hire date of . Staff D worked as a direct caregiver. Staff D's personnel file revealed a free from communicable statement dated / . Staff D's personnel file contains a negative test from / . The next test for was not conducted until / .

5.00On at 1:32 p.m. the owner and hired consultant stated they recently terminated the person that was in charge of handling personnel files and had no explanation for this.

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Class III

**0084 Trainina - Assis Self-Admin Meds & Med Mamt**

Based on record review and interview, the facility failed to ensure medication technicians who have successfully completed the initial 4- hour training obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices in an assisted living facility for 2 (Staff A and D) of 3 medication technician personnel files reviewed.

The findings included:

1. Record review of Staff A's personnel file showed Staff A attended the initial 4- hour training class on . The last recorded 2- hour annual update contained in Staff A's personnel file was dated .

2. Record review of Staff D's personnel file showed Staff D attended the initial 4-hour training class on . Staff D worked at the facility as a med tech from - . There was no documentation in Staff D's file of attending a 2- hour annual update.

3. On at 1:32 p.m. the owner and hired consultant stated they recently terminated the person that was in charge of handling personnel files and had no explanation for this.

Class III

**Z814 Backaround Screenina Clearinahouse**

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

The findings included:

Review of the Agency for Health Care Administration Background Screen Website for this provider shows 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

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

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, selecting or otherwise allowing an employee to have contact with any person that would place the employee in a role that requires background screening for 3 (Staff A, C, and E) of 5 staff reviewed.

The findings included:

1. Review of the employee records for Staff A showed a hire date of . Staff A was hired as a med tech/direct caregiver. There was no AHCA (Agency for Health Care Administration) background screen in Staff A's file.

2. Review of employee records for Staff C showed a hire date of . Staff C was hired as a direct caregiver. The AHCA Background screen showed an eligible date of . The employee application did not indicate prior Level II employment.

3. Review of employee records for Staff E showed a hire date of . Staff E was hired as a direct caregiver. The AHCA background screen indicated Staff E not eligible .

4. On at 1:32 p.m. the Owner and hired Consultant stated Staff E was terminated when it was brought to their attention that she was not eligible. They 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, reviewed, or are not present.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

**RE: CCR #2016011105**

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 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

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com