STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942766	11/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR INN OF VENICE, INC.	321 HARBOR DRIVE VENICE, FL 34285

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

0000 Initial Comments

An unannounced complaint survey for CCR #2016011760 and CCR #2016102372 was conducted on 11/21/16 at Harbor Inn of Venice, an Assisted Living Facility (license #8268) in Venice, Florida.

The complaints contained 4 allegations, of which 1 was substantiated without deficiency, 1 was unsubstantiated and 2 were substantiated with deficiencies.

The following is description of the deficiencies.

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to document and notify the physician about a change in condition.

The findings included:

On / / at 10:00 a.m., a phone interview with the family of Resident #4 revealed the family of Resident #4 felt the resident had experienced a around / . The family went to visit the resident on / / and noted her right shoulder was and and notified the Administrator.

On / / interviews with Staff A, B, D, and the Owner revealed they all were aware of the injury but denied Resident #4 had . Staff B felt may have caused the injury as she heard Resident #4 complain of pain while lifting up her arms in a session. She also said if Resident #4 had there would be on other parts of her body.

On / / record review of Resident #4 revealed no evidence of any documentation the injury occurred. There was no evidence the family or the physician was notified or the resident was examined by the physician.

On / / at 1:15 p.m. in an interview with the Owner/Administrator she confirmed there was no evidence the injury was documented, the family and physician were notified or the resident was examined by the physician.

Class III

0077 Staffing Standards - Administrators

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on observation and interview, the Owner/Administrator of both Harbor Inn of Venice ALF and Harbor Inn of Venice South ALF failed to appoint a manager in writing for Harbor Inn of Venice.

The findings included:

On / / at 9:15. a.m., a review of Florida Health Finder revealed Linda Rigby is the owner/administrator of two facilities. One is Harbor Inn of Venice located at 321 Harbor Drive South, Venice, FL, the other is Harbor Inn of Venice South located at 160 Rutland Rd, Venice, Fl.

On / / at 9:35 a.m., in an interview with the Owner/Administrator she said the former Administrator at Harbor Inn of Venice was terminated on and at that point she became the Administrator of both facilities. When asked if she had appointed anyone as the manager for Harbor Inn of Venice she said she honestly did not know if she had. She added she may have appointed an LPN but was not sure.

On / / at 1:55 p.m., in an interview with the LPN, she confirmed she had never been appointed as manager verbally or in writing. She also confirmed her date of hire as / / .

On / / at 2:00 p.m., observation revealed no evidence anyone had been appointed manager of Harbor Inn of Venice.

On / / at 2:05 p.m., in an interview with the Owner/Administrator confirmed there was no documented evidence anyone was appointed to manage Harbor Inn of Venice.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that staff who provide direct care to residents receive required in-service training within 30 days of employment for 4 (Staff E, F, G and H) of 10 staff reviewed.

The findings included:

1. Record Review of Staff E's employee file revealed a hire date of / as a resident aide/med tech. The employee file did not contain documentation of Staff E completing ADL (Activities of Daily Living) and Behavioral Needs training, Emergency Preparedness and Evacuation training. and Incident Report Training.

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

2. Record Review of Staff F's employee file revealed a hire date of / as a resident aide/med tech. The employee file did not contain documentation of Staff F completing ADL and Behavioral Needs training, Emergency Preparedness and Evacuation training, and Incident Report Training.

3. Record Review of Staff G's employee file revealed a hire date of / as a resident aide/med tech. Employee file did not contain documentation of Staff G Completing Nutritional and Safe Food Handling Training, Resident Rights Training, Emergency Preparedness and Evacuation Training, Elopement Response Training, Incident Reporting Training, and Recognizing/Reporting , Neglect & Training.

4. Record Review of Staff H's employee file revealed a hire date of / as a resident aide/med tech. Employee file did not contain documentation of Staff H completing ADL and Behavioral Needs training, Elopement Response training, Emergency Preparedness and Evacuation training, Incident Report training, and Nutrition and Safe Food Handling.

5. On / / at 3:50 p.m., exit interview was conducted with the LPN and Owner, discussed the missing trainings for staff. The administrator stated she would get the employees the proper trainings.

Class III

0082 Training - / /

Based on record review and interview, the facility failed to ensure that staff who provide direct care to residents receive required in-service training within 30 days of employment for 1 (Staff G) of 10 staff reviewed.

The findings included:

Record Review of Staff G's employee file revealed a hire date of / as a resident aide/med tech. The employee file did not contain documentation of Staff G completing training.

On / / at 3:50 p.m., an exit interview was conducted with the LPN and Administrator and the missing trainings for staff was discussed. The Administrator stated she would get the employees the proper trainings.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

_ _ _ _ _ _ _ _ _, 2016

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

RE: CCR #2016012372 & CCR #2016011760

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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 , 2017.** 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 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

XG90

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida