STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965273	**11/21/2016**
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 survey for CCR #2016011481 was conducted on 11/21/16 at Harbor Inn of Venice South, an Assisted Living Facility (license #9691) in Venice, Florida.

The complaint contained 3 allegations, of which 1 was substantiated with deficiencies.

The following is description of the deficiencies.

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 (Activitys of Daily Living) and Behavioral Needs training, Emergency Preparedness and Evacuation training, and Incident Report Training.

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. The 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. The 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 Staff D the Administrator/LPN and the

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missing trainings for staff was discussed. 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 pm Exit interview was conducted with Staff D LPN and Administrator. 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 South
160 Rutland Road
Venice, FL 34293

RE: CCR #2016011481

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

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