

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969091	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER TUSCAN GARDENS OF VENETIA BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 841 VENETIA BAY BLVD VENICE, FL 34285	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR#2017004131 was conducted on _____ and _____ at Tuscan Gardens of Venetia Bay, an assisted living facility (license #12918) located in Venice, Florida. The complaint contained 3 allegations, which were not substantiated. An unrelated citation was issued. The following is description of the deficiency. 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on staff and resident interview and employee records review the facility failed to ensure 4 (Staff E, Staff C, Staff F and Staff G) of 4 staff employees' record reviewed had the required mandatory training in the facility emergency procedures within 30 days of hire. Training in the facility's emergency procedures ensure staff knows what to do in case of an emergency to ensure residents, visitors and staff are kept safe during an emergency. The findings include: In an interview on _____ at 10:30 a.m., Resident #10 said since his admission to the facility the facility has not conducted a fire drill. He is concerned neither the residents or staff would not know what to do in case there was fire at the facility. He is worried for the residents in the building someone would get hurt if there was a fire at the facility. In an interview on _____ at 12:30 p.m., the Director of Maintenance (DOM) said he had started working at the facility 2 months ago. He noted the facility has not had a staff fire drill so he had conducted 1 fire drill on each shift but as of this time only 12 facility staff has completed a fire drill since the facility opened _____ 2016. On _____ review of Staff C's employee file, revealed they were hired _____. As of this time they have not completed the 1 hour in-service training within 30 days of employment for assistance with activity of daily living, incident reporting and facility emergency procedures. On _____ review of Staff E's employee file, revealed they were hired _____. As of this time they have not completed the 1 hour in-service training within 30 days of employment for assistance with activity of daily living, incident reporting and facility emergency procedures. On _____ review of Staff F's employee file, revealed they were hired _____. As of this time they have		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969091	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER TUSCAN GARDENS OF VENETIA BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 841 VENETIA BAY BLVD VENICE, FL 34285	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
not completed the 1 hour in-service training within 30 days of employment in the facility emergency procedures. On ... review of Staff G's employee file, revealed they were hired ... As of this time they have not completed the 1 hour in-service training within 30 days of employment in the facility emergency procedures. In an interview on ... at 1:45 p.m., with Staff E, she said she has not attended a facility fire drill as of this time. She also said she had completed some of the facility's mandatory education but doesn't know if she had done the 1 hour in-service for the facility's emergency procedures, assistance with activity of daily living and incident reporting as required. In an interview at ... at 2:30 p.m., with HR after she reviewed Staff C, Staff E, Staff G and Staff F employee files, confirmed there is no documentation they had received the 1 hour in-service within 30 days of employment in the facility's emergency procedures as required. Class III		