

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969091	(X3) DATE SURVEY COMPLETED 09/25/2017
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 extended congregate care (ECC) survey was conducted on _____ at Tuscan Gardens of Venetia Bay (license #12918) an assisted living facility located in Venice, Florida. The following is description of the deficiency. E206 - ECC - Service Plans - 58A-5.030(7) FAC Based on a review of 1 (Resident #1) of 1 resident who was receiving extended congregate care (ECC), and interview with administrative staff, the facility did not have evidence that the resident and/or family was involved in the care planning process for Resident #1. The findings include: Resident #1 had a service plan dated on _____. On page 3 of the form was space for the resident, the resident care director, and the family/responsible party to sign the service plan indicating agreement. None of these areas were completed. During an interview on _____ at 11:30 a.m., the resident care director agreed he had not gotten the service plan signed by all of the parties involved. Class		