STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967208	**01/10/2018**
NAME OF PROVIDER OR SUPPLIER **VENETIAN ISLES ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3003 SW 156 PLACE MIAMI, FL 33185**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Venetian Isles Alf, Inc. (license #11263) had the following deficiencies found during the survey:

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and interview, the facility failed to prepared and offer a therapeutic diets as ordered by the health care provider for one out of five sampled residents. Resident #1 had and precaution.

Findings included:

Observation on at 12:10 P.M. observed Staff C fed white rice, beef, salad, and a banana to Resident #1 with the spoon into his mouth.

Hospice plan of care dated showed Resident #1 was diagnosed with , and precaution. Resident #1 had a physician order for a mechanical soft diet.

On at 12:10 P.M. Staff C stated, "Resident #1 ate regular food every day."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview, the facility failed to have updated health assessment by a physician for one out of five sampled residents (Resident #1) who had changes in diet, medication administration, and had a .

Findings included:

Observation on at 12:10 P.M. observed Staff C fed white rice, beef, salad, and a banana to Resident #1 with the spoon into his mouth.

Hospice plan of care dated showed Resident #1 was diagnosed with , and precaution. Resident #1 had a physician order for a mechanical soft diet. Resident #1 was also receiving care and medication administration from hospice.

Record review showed Resident #1's health assessment was not dated. Furthermore, the health

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967208	**01/10/2018**
NAME OF PROVIDER OR SUPPLIER **VENETIAN ISLES ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3003 SW 156 PLACE** **MIAMI, FL 33185**	

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

assessment did not have diet instruction, care for a in his right hip, and administration of medications.

Interview on at 11:50 A.M. hospice register nurse stated the resident had in his right hip and he needed administration of medications from us as the plan of care showed.

Class III