STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967791	**01/03/2018**
NAME OF PROVIDER OR SUPPLIER **A BANYAN RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 BASE AVE EAST** **VENICE, FL 34285**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2017012014 was conducted on . . . at A Banyan Residence, an assisted living facility (license #11794) in Venice, Florida.

The following is description of the deficiencies.

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

Based on record review and staff interview, the facility failed to maintain documentation of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 1 (Resident #1) of 2 resident contracts reviewed signed by other than the resident.

The findings included:

A review of Resident #1's contract revealed it had been signed by Resident #1's daughter, "as agent." No documentation of a power of attorney (POA) was found.

During an interview on . . . at 1:26 p.m., the Administrator admitted she was unable to locate the POA paperwork for Resident #1.

Class III