

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968551	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/23/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GARDENS OF VENICE RETIREMENT RESIDENCE

**2901 JACARANDA BLVD
VENICE, FL 34293**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced complaint survey for complaint #2019002869 & #2019001677 was conducted through at Gardens of Venice Retirement Residence, an assisted living facility in Venice, Florida. Complaint #2019002869 contained 3 allegations which were unsubstantiated. Complaint #2019001677 contained 1 allegation which was substantiated. The following is description of the deficiency.	A 000		
A 025	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of _____ or _____ or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such _____ or _____. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 025	Continued From page 1 resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to contact the appropriate party such as the resident's family, guardian, health care surrogate, or case manager when the resident exhibited a significant change for 3 (Residents #12, #13, and #6) of 3 residents reviewed that were sent out of facility to the hospital. The findings included: 1. Review of Resident #12's patient chart showed they were sent out to the hospital on due to being _____ and not feeling well. There was no documentation in the chart the family/representative was notified. On _____ at _____	A 025		

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A 025	Continued From page 2 10 a.m., Resident #12's representative said he had not been notified by the facility of this and only found out 3 days later from the hospital social worker. 2. Review of Resident #13's patient chart showed they were sent out to the hospital on _____ for an elevated _____. There was no documentation in the chart the family/representative were notified. On _____ at 10 a.m., Resident #13's representative said he had not been notified by the facility of this and only found out when the hospital discharge planner contacted him. 3. Review of Resident #6's patient chart showed they were sent to the hospital on _____ due to not feeling well and having an elevated _____. There was no documentation in the chart the family/representative were notified. On _____ at 1:39 p.m., Resident #6's daughter said the facility didn't have to notify her because she had been in contact with the doctor. Resident contract page #5 indicates: should a resident's health status change and they need immediate medical attention from a physician, 911 will be called and they will be transported to the hospital of choice via ambulance. The next of kin, legal representative or agency acting on the residents behalf will be notified. On _____ at 2:08 p.m., the Corporate Compliance Officer said if there is a significant change, they are to call 911, send to the hospital, then notify the family member/representative/doctor. She said the staff should absolutely document who they called and where they were sent. Corporate Compliance Officer said she looked through the charts and	A 025		

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A 025	Continued From page 3 agrees it was not documented. Class III	A 025		