Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969329	A. BUILDING: _____ B. WING _____	06/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LEAVES OF VENICE	2321 E VENICE AVE VENICE, FL 34292

(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 #2019005184 was conducted on [redacted] at Autumn Leaves of Venice, an assisted living facility in Venice, Florida. Complaint #2019005184 was substantiated at A0031. The following is description of the deficiency.	A 000		
A 031	58A-5.0182(7) FAC 429.255(1)(b). FS Resident Care - Third Party Services 58A-5.0182 (7) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, [redacted], and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the	A 031		

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A 031	Continued From page 1 resident's needs. (c) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. 429.255(1)(b) All staff in facilities licensed under this part shall exercise their professional responsibility to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s physician. However, the owner or administrator of the facility shall be responsible for determining that the resident receiving services is appropriate for residence in the facility. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure coordination of third-party services regarding the resident's condition and services provided for 1 (Resident #1) of 1 resident reviewed. This has the potential for services ordered not being provided and for the facility to not be aware of the resident's condition. The findings included: On record review of Resident #1 revealed an advanced registered nurse practitioner (ARNP) order dated for a home health consult for , , ( ), , ( ), and , , (ST) to	A 031		

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A 031	Continued From page 2 evaluate and treat for a diagnosis of gait instability, , and , , (difficulty swallowing) as well as appetite loss. Further review revealed another ARNP order dated for a home health consult for skilled nurse services to evaluate and treat diagnosis of right , open area. On review of the facility policy, "Home Health and Hospice Protocol" noted "Visits must be documented in Home Health/Hospice folder at the time of Service in our facility." Further record review of Resident #1 revealed no evidence of any documented skilled nurse evaluation or treatment visits by the home health provider. There was also no record of an or ST evaluation visit and no record of any or ST treatment visits. In an interview on at 2:45 p.m., the director of health services confirmed the facility had not ensured coordination of third-party services for Resident #1. Class III	A 031		