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
	AL11968845	A. BUILDING: _____ B. WING _____	03/31/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DISCOVERY VILLAGE AT NAPLES	8417 SIERRA MEADOWS BLVD NAPLES, FL 34113

(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 A complaint investigation for #2025018604, #2026001221, #2026002821 and an emergency power plan monitoring survey was conducted at Discovery Village of Naples on through . Defieciencies were identified at the time of the survey.	A 000		
A 152 SS=E	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate	A 152		

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A 152	Continued From page 1 keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain an environment free of pests (roaches) for 2 (Resident #10, and #13) out of 6 resident rooms toured for roaches. The findings included: On at 12:25 p.m., during an interview, the family member of Resident #10 said that they recently moved Resident #10 into the Memory Care unit this past weekend and her previous was infested with roaches. On at 1:10 p.m., during a tour of , it was revealed that there were both and live roaches visible in the kitchen cabinets and roach feces throughout the kitchen and bathrooms. On at 4:30 p.m., during an interview, the pest control technician assigned to the facility from a local pest control company said that he normally just does common areas, the exterior, and the kitchen, but not normally resident rooms. On at 11:15 p.m., during an interview, Housekeeper Staff D said that the roach problem	A 152		

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A 152	Continued From page 2 was still bad on the Assisted Living side and she said she has seen them there recently. On , during review of the pest control request logs, it showed that since there have been 52 requests for assistance with issues with roaches in different resident rooms of the facility. On at 12:42 p.m., during a tour of Resident #13's room, it revealed several active roaches running through the upper cabinet directly to the right of the refrigerator and throughout the kitchen floor. On at 1:05 p.m., during a tour of with the Executive Director (ED) and the Director of Facilities (DOM), upon opening the kitchen cabinets, several live roaches out of the cabinets onto the counter and were also actively scurrying across the floor. The roaches were observed by the ED and the DOM. The ED said that this is an issue and we need to get someone out right away and not wait for the scheduled visit. The Director of Facilities said he will reach out immediately to get someone to address the issues in . ** Photographic Evidence Obtained ** Class III .	A 152		
A 170 SS=D	429.24(3)a Resident Refund Policy ....The facility shall provide a refund to the resident or responsible party within 45 days after	A 170		

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A 170	Continued From page 3 the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to provide a refund to the responsible party within 45 days after the transfer, discharge, or of the resident for 1 (Resident #5) out of 3 resident records reviewed. The findings included: On , during record review of Resident #5's contract, it was revealed that the son of Resident #5 was the legal representative and the responsible party. On , during record review of the financial statement of Resident #5, it was shown that the physical and financial discharge date for Resident #5 was . Further review revealed that a refund in the amount of $3553.29 was due to the responsible party. On at 3:25 p.m., during an interview, the legal representative of Resident #5 said that Resident #5 , on and the items were removed from the unit on . The son of Resident #5 said that he received a check on , 130 days after he had the room cleared out. He said that the check was dated . The responsible party said that that time frame was ridiculous and that he had tried several	A 170		

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A 170	Continued From page 4 times to retrieve his refund and the Business Office Manager and the Executive Director did nothing to help him. On , during record review, a check in the amount of $3553.29 dated was shown to be made out to the Responsible Party of Resident #5. The check was shown to be from the facility. On at 11:20 a.m., during an interview, the Business Office Manager (BOM) said that normally refunds are processed after about 8 weeks. He said that he was unaware that there was a 45 day refund regulation. On at 1:10 p.m., during an interview, the BOM said that according to the ledger for Resident #5, the date of move out was and the refund should have been generated from that date. He said that he should have received the refund by now. On at 2:25 p.m., during an interview, the Executive Director said that he had talked with Resident #5's son a few weeks and acknowledged that the timeframe that his refund was given was definitely beyond the 45-day regulation and late. ** Photographic Evidence Obtained ** Class III .	A 170		