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
	AL11932376	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT, THE	10949 PARNU STREET NAPLES, FL 34109

(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 This is the follow up to the Biennial survey conducted on through at Aristocrat (The), an Assisted Living Facility; with a census of 26 residents, 12 of which receiving ECC services. The following deficiencies were cleared A0081 and A0085. Tag A0030 was recited. One new deficiency was also cited at A0162.	{A 000}		
{A 030}	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency	{A 030}		

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
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{A 030}	Continued From page 1	{A 030}		

Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida Hotline " 1(800)9 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the

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
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{A 030}	Continued From page 2	{A 030}		

resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the

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
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{A 030}	Continued From page 3	{A 030}		

resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a . . . his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall

Agency for Health Care Administration

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{A 030}	Continued From page 4	{A 030}		

establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by:
Based on record review, observation, and interview the facility failed to ensure that 13 (Residents #8, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, and #21) of 28 sampled residents were free from undue physical . and were are provided with ADL (Activities of Daily Living) care in a safe and dignified manner.

The findings include:

1. During a tour of the facility on at 10:00 a.m., the following was identified:

Resident #11 was observed to have toothpaste and a toothbrush in her . The toothbrush was inside a disposable cup and appeared dry and unused.

Upon interview at 1:00 p.m. this date, the resident's family member stated, "I have not had to buy toothpaste since 2012 (when she was admitted to the facility), so I don't think they ever use it. I am concerned about this aspect of her care. She (the resident) cannot brush her herself."

Resident #12 was observed with no toothpaste

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
	AL11932376	A. BUILDING _____ B. WING _____	R

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{A 030}	Continued From page 5	{A 030}		

available in her . . . . . The resident had a toothbrush, inside of a disposable cup, on the . . . . . The toothbrush appeared dry and unused.

Upon interview at 3:15 p.m. this date, the resident stated the staff do not help her brush her . . . . because she does not need help brushing her . . . . . She also stated no one provides her with toothpaste. "I use the . . . everybody else. If I have some (toothpaste) there I'd use it." She stated that if the facility would bring her some toothpaste she would be happy. The resident reports rinsing her mouth out with mouth wash only and she is unsure of how long she has been without toothpaste. Review of the medical record revealed an AHCA form 1823 shows that the resident requires assistance with _

Resident #13 was observed with no toothpaste available in her . . . . . Upon interview at 6:30 p.m. this date, the resident's family member stated that the staff never brushes the resident's . . . . even when the family supplies toothpaste.

Resident #16 was observed with no toothpaste available in her . . . . . .

Resident #17 was observed with no covering on the window in his . . . . .

Interview of the Maintenance Director, at this time, revealed that a work order had been completed on . . . . The resident was without a covering . . . on his window, to provide privacy/maintain dignity for approximately . . . . hours. In addition, there was a strong smell of . . . in Resident #17's . . . The Maintenance

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
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{A 030}	Continued From page 6	{A 030}		

Director acknowledged the odor and stated that they address the issue, of inappropriate voiding, constantly. The Director concurred that their cleaning was not resolving the problem.

2. During observation at 11:30 a.m. on prior to the noon meal, the following was observed:

Resident #8 had brown matter under his fingernails. The resident was observed to be scratching his head frequently. The resident is receiving hospice care and requires total care in ADL's.

Resident #10 had yellow matter under her fingernails. The resident requires total care in ADLs.

Resident #11 had brown matter under her fingernails. The resident requires total care in ADLs.

Resident #17 had brown matter under her fingernails. The resident requires assistance with ADLs.

3. During observation of the noon meal on : a Resident Assistant was observed to be carrying neck napkins, approximately 12 in number, under her left arm and braced against her body from her armpit to her waist. She removed a neck napkin, with her right hand and placed it around the neck of Resident #14 while still holding the other neck napkins under her left arm. She used her left hand to help apply the napkin. During this process, the napkins under

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
	AL11932376	A. BUILDING _____ B. WING _____	R

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{A 030}	Continued From page 7	{A 030}		

her left arm touched the resident's back and head. Upon interview at this time, the ... acknowledged that carrying clean neck napkins, in that manner, was not an appropriate ..... control procedure for handling linen.

In addition, the same ... was observed opening a carton of chocolate milk, for Resident #21, by placing her right index finger into the carton. The surveyor advised the Unit Manager regarding the breach in ..... control and the chocolate milk, which had been poured into a glass, was replaced.

Upon interview at this time, the Director of Nursing stated that the ... had been recently inserviced regarding how to open beverage cartons and using a clean utensil if necessary.

4. During observation of the noon meal on , a Resident Assistant ... was observed standing next to Resident #8 who was sitting at a dining ..... in the small dining ..... The ... was feeding the resident at this time. When questioned why the ... was standing over the resident, instead of sitting next to him, the Unit Coordinator asked the ... if she wanted a chair. The ... said, "I'm okay." The surveyor intervened and advised the Unit Coordinator that the ... standing over the resident was a dignity issue and did not present a homelike environment.

Three family members were also observed, at this time, standing next to Resident #16 in the small dining ..... The Unit Coordinator was observed to asked the family members if they wanted a chair, and they said "No, we're okay." There was another resident eating at the table. The family members were conversing with each

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
	AL11932376	A. BUILDING _____ B. WING _____	R

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ARISTOCRAT, THE	10949 PARNU STREET NAPLES, FL 34109

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{A 030}	Continued From page 8	{A 030}		

other, pacing back and forth and taking turns feeding Resident #16. Their activities were disruptive in a small, area and not conducive to a homelike environment. The surveyor brought the situation to the attention of the Administrator and the Unit Coordinator. The Unit Coordinator stated, "I offered them chairs." The Administrator stated, "I will see if I can get some chairs." The Administrator provided chairs and the family members sat down around Resident #16. The demeanor of the dining changed, and the area became tranquil and relaxed.

5. Observation of the dining the evening meal, at 5:30 p.m. on , revealed Resident #14 and #15 not eating their main entree. At 5:45 p.m. Resident #15 was interviewed and stated, "I don't want this (referring to the main entree)." When asked if she would like something else, the resident stated, "Yes, but they won't give me anything. Wait and see."

At 6:00 p.m. the Administrator and Unit Manager were asked why the residents were not offered a substitute meal. The Unit Manager stated, "He never eats the main dish, he eats the other things (referring to Resident #14)." No other main entree was offered to this resident.

Resident #15 was given a meal substitute and was observed eating it a 6:15 p.m.

6. On at approximately 2:35 p.m. Resident #19's was observed to be closed. Upon entry, Surveyor observed Resident #19 in her bed on her back with the cover pulled over her shoulder. A full length side rail was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932376	A. BUILDING _____ B. WING _____	R

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ARISTOCRAT, THE	10949 PARNU STREET NAPLES, FL 34109

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{A 030}	Continued From page 9	{A 030}		

observed on Resident #19's right side. The left side of Resident #19's bed was pushed against a wall. The rail extends from the resident's shoulder down to her ankle in length.

Observations also revealed Resident #19 did not have a door handle on the inside of her [redacted]

Resident #19 was interviewed at 2:36 p.m. on [redacted]. When questioned about her bed rail Resident #19 expressed her dislike for it. She replied, "I don't like it. In fact I wished they'd get rid of it, because it's hard to get in and out [of bed]."

[redacted] at approximately 2:45 p.m. the administrator confirmed the bed rail was in fact a full rail. The administrator denied being aware of Resident #19's full bed rails. He also denied being aware of her missing door handle. The administrator stated, "Yeah I know it looks very suspicious. At no time do we ever lock [the resident in her [redacted]. [The door handle] could be knocked off it could [redacted] off it was not taken off intentionally." The administrator was unable to find the original door handle in Resident #19's [redacted]

Resident #19's husband and son were interviewed on [redacted] at 3:46 a.m. They described the resident as having [redacted] and discussed how the resident thinks she can get up and walk around independently. When questioned about the full bed rail, the son stated, "We don't want her out of bed, she would [redacted] on the floor." The family denied being aware of the missing door handle in Resident #19's [redacted]

On [redacted] a review of Resident #19's record

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
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ARISTOCRAT, THE	10949 PARNU STREET NAPLES, FL 34109

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{A 030}	Continued From page 10	{A 030}		

revealed on a medical doctor (M.D.) assessed this resident as alert with periods of and forgetfulness. The M.D. noted the resident has functional limitations to in both legs. This resident is a precaution. In the Nursing /treatmer service requirements section, the M.D. wrote the resident should have a hospital bed, wheelchair with a wheelchair alarm and a bed alarm. Further review of the resident's records revealed physician's order, dated on , for side rails, "to promote mobility of transfer." This order was not specific as to what size rails the resident should have.

7. On at 3:41 p.m. Resident #20 was observed sleeping on her back in her bed. The left side of her bed was positioned against the wall. The right side of the bed was observed to have a ½ bed rail positioned in the middle of the bed.

On at approximately 3:45 p.m. the administrator was alerted to the improper position of Resident #20's side bed rail. He denied knowing who placed the rail in that position. The administrator lifted the bottom right side of the rail up pushed it back. This turned the rail into a ¼ rail in length.

A review of Resident 20's record revealed she is alert at times, but she is forgetful, and disoriented and a risk. The physician provided an order for side rails dated on The order reads, "Cont[inue] side rails as ordered."
Class III
Correction Date:

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
	AL11932376	A. BUILDING _____ B. WING _____	R

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ARISTOCRAT, THE	10949 PARNU STREET NAPLES, FL 34109

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A 162	Continued From page 11	A 162		
A 162	58A-5.024(3) FAC Records - Resident	A 162		

(3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include:
(a) Resident demographic data as follows:
1. Name;
2.
3. Race;
4. Date of birth;
5. Place of birth, if known;
6. Social security number;
7. Medicaid and/or Medicare number, or name of other health insurance
8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and
9. Name, address, and phone number of health care provider, and case manager if applicable.
(b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C.
(c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order.
(d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C.
(e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C.
(f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.
(g) For facilities which will have unlicensed staff assisting the resident with the self-administration

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
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A 162	Continued From page 12	A 162		

of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract.
(h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.
(i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C.
(j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S.
(k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S.
(l) A copy of Alternate Care Certification for Optional
CF-ES 1006, March , if the resident is an OSS . The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.
(m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C.
(o) For apartments, duplexes, quadruplexes, or

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
	AL11932376	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT, THE	10949 PARNU STREET NAPLES, FL 34109

(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 162	Continued From page 13	A 162		

single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following:
1. A log listing the names of residents participating in this arrangement;
2. The resident demographic data required under this subsection;
3. The medical examination described in Rule 58A-5.0181, F.A.C.;
4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and
5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.
(p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility.
(q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on record review, observation and interview the facility failed to document the results

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A 162	Continued From page 14	A 162		

of interventions related to: a dental consult for 1 (Resident #13) out of a sample of 1 resident and care for 1 (Resident #11) out of a sample of 1 resident receiving this service.

The findings include:

1. Resident #11 receives a daily treatment to a on her right inner ankle. Review of the medical record revealed the has been treated since 2012. There was no documentation, including measurements, in the medical record that the has improved or deteriorated since the initiation of treatment.

Observation of the on at 2:00 p.m. revealed that the bed was dry with no odor, with a dark brown eschar center the size of a nickel, and edges that are ill defined with dry white tissue. The was surrounded by intact red skin, that appeared to be and the size of a lemon.

Upon interview at this time, the Director of Nursing and Unit Manager acknowledged that the documentation failed to describe the , including measurements, that would indicate response to the prescribed interventions.

2. Upon interview on at 5:00 p.m. the Unit Manager stated that Resident #13 was the only resident, residing on the 26 bed unit, that had received dental service in the past 6 months. She also stated that she obtained this information from the Social Worker.

Review of the medical record, at this time, revealed a Progress Note dated that stated "Dental: Patient's son reports she appears to be indicating pain in the upper ant

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A 162	Continued From page 15 (anterior) area. #9 badly broken down. 2 options ... or root canal post crown. Will send letter to family outlining the options and cost related to both." Further review of the medical record revealed no follow up, by any discipline, relating to the identification of a problem and subsequent recommendations made by the dentist. When questioned regarding what was done, the Unit Manager stated the resident was seen by the Speech who identified the resident was having difficulty chewing and recommended a pureed diet. When asked if the Social Worker documented any discussion with the family, regarding the dental consult; the Administrator, who was present at this time, stated "She doesn't document over here." Interview with the resident's family on at 6:30 p.m. revealed she did not realize that a was an option, that staff are not brushing the resident's and a pureed diet was implemented (after the dental consult) without her being notified of the change. The resident was observed, at this time, chewing on a lollipop without any discomfort. The family member stated "See, she can chew that sucker okay." The resident could be heard crunching the lollipop with her Class III Correction Date:	A 162		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11932376	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
ARISTOCRAT, THE	10949 PARNU STREET NAPLES, FL 34109

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	09/14/2012	ID Prefix A0085 Reg. # 58A-5.0191(6) FAC LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By [signature], HFES	Date: 11-27-12	Signature of Surveyor: [signature] for: Joyce Lievert, RLS	Date: 11-27-12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on:			Check for any Uncorrected Deficiencies. Was a Summary of Deficiencies (CMS-2567) Sent to the Facility?	YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Aristocrat, The
10949 Parnu Street
Naples, Florida 34109

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2012by representative(s) of this office. Enclosed is the provider's copy of the State Form 3020, which references the uncorrected deficiency and a new deficiency, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2012.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosures: State Form and Revisit Report

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372