STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966171	10/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Barrington Terrace Of Naples	**5175 Tamiami Trail East Naples, FL 34113**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:
This is to report the results to the unannounced Change of Ownership (CHOW) and Extended Congregate Care (ECC) survey conducted at Barrington Terrace Assisted Living Facility (ALF) on through in Naples, Florida. The census during the survey was 111 residents, with no residents receiving ECC services.

The following is a description of non-compliance:

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on record review and interview, the facility failed to ensure food was purchased or procured from an approved vendor. This has the potential of causing food borne illness to those resident consuming and oral diet.

The findings include:

During the process of interviewing Resident #7 on at 10:00 a.m. and Resident #8 on at 10:45 a.m.; the question was asked the two residents on how the food service is in regards to the quality of food. Both of the residents voiced the opinion, they felt the food was of poor quality, and felt the food that was prepared was not to their liking. Residents #7 and #8, then were question on whether the facility had a menu meeting with the residents were they could discuss issues they have with the food. They both replied that they usually have a meeting once a month.

The monthly menu meeting held on reads as follows: the suggestions were typed in bold black letters, and the solution was answered by the chef in bold red lettering. The review included 15 suggestions present by the residents. Item #6 of the list stated the residents requested "Would like Avocados." The solution that the chef presented to this request, "I'll bring them from home (meaning the Avocados)."

On attempted to interview the chef on why he would not purchase the Avocados from an approved vendor. Unfortunately the chef was not available for interview, as he was out of the building at a meeting.

On at 1:30 p.m., informed the Administrator of the issue of bringing food from home, rather than purchasing the food from an approved vendor. The Administrator confirmed that this was not a good idea, and said she would discuss this with the chef.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review, observation and interview, the facility failed to ensure that non-perishable food was stored in a safe and clean space. Furthermore the facility was not able to demonstrate that they had enough food on hand to serve a census of 111 residents for a three day period.

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The resident counsel minutes for 2013 indicated that when the residents requested some food products the dietary department was out of them. So this in turn triggered an inventory of non-perishable emergency food products for a census of 111 residents for a 3 day period of time to ensure there would be enough food on hand.

On at approximately 1:45 p.m., request to do an inventory of the non-perishable emergency foods with the facility's chef. The chef was not available to do this task as he was out of the building for a meeting. So the Administrator attempted to do an inventory, and was not able to demonstrate by observation that there were enough non-perishable food products to sustain 111 residents for a 3 day period.

While in the process of attempting to take the inventory of the non-perishable food observation of Butane lighter fluid to include an entire case, plus 6 individual cans were being stored next to dry cereal, and 2 cases of individual cans of fruit juice. Further observation of the cabinet where the dry milk was stored revealed there were 4 bags of dry Milk, one of the bags was ripped, and the dry powered milk was leaking out of the bag onto the bottom of the cabinet.

The Administrator did contact the chef by telephone during this observation of the non-perishable emergency foods. The Administrator conveyed the message from the chef that if there was not enough food available, all he had to do is calls the vendor to order more food.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview, the facility failed to ensure that 1 (Employee J) of 3 employees reviewed for Level II back round screening, were eligible to provide direct care to the residents residing in the Assisted Living Facility (ALF).

The findings include:

Employee J's personal record was reviewed with this writer along with the facility's Business Manager on at 10:00 a.m. Employee J was hired on in the position of a Certified Nursing Assistant (CNA).

Further review of the personal record failed to provide a level II background screening, that indicated Employee J

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was eligible to work at the facility's residents.

Further review of the background screen for the employee indicated the employee had three violations. Misdemeanor of petit theft, which she served probation for 6 months. Employee J also had felony for battery and assault. The rap sheet reads as follows:

"The first charge filed was Petit Theft with a level of misdemeanor, charge sentence: 6 months probation, disposition date of

The second charge was Aggravated Battery with the level of Felony, (charge sentence is blank) no further information available.

The third charge was Burglary with Assault T/Battery to Structure Conveyance Unarmed with the level of Felony. Disposition: Notie Prose, Disposition date . There was not a sentence date on the last 2 charges."

Further investigation in regards to background screening for the state of Florida, validated that Employee J had no further background screening since the date of hire, confirming she was eligible to work at the facility.

On at 10:30 a.m., the Administrator and the Clinical Director were made aware that Employee J had not had a successful level II background screening since hire for this employee. The Administrator and the Clinical Director were not aware this employee had never been screened appropriately; and took immediate action to relieve the employee of her duties, until the staff member had the appropriate level II screening completed and she was eligible to work.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Barrington Terrace Of Naples
5175 Tamiami Trail East
Naples, FL 34113

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) and Extended Congegate Care (ECC) survey that was conducted on , 2013 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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