STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965374	03/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Juniper Village At Naples	1155 Encore Way Naples, FL 34110	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:
An unannounced Complaint Survey, CCR# 2013013161 was conducted on at Juniper Village, an Assisted Living Facility (ALF) in Naples, FL.

The following is a description of non-compliance:

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview, the facility failed to ensure all unlicensed staff who assist with self-administration of medications had the required 2-hour yearly up-date training prior to passing any medications for 4 (Staff B, C, D, and E) of 20 medication staff reviewed.

The findings include:

1. Record review revealed Staff B is noted to be a medication assistant on the staff schedule. A review of her personnel record on revealed she was employed on An initial 4-hour certification of completion of the Assistance With Self-Administration of Medications in an Assisted Living Facility training completed on was found in the file. A two hour up-date from was found in the file. No other update was found.

2. Record review revealed Staff C is noted to be a medication assistant on the staff schedule. A review of her personnel record on revealed she was employed on An initial 4-hour certification of completion of the Assistance With Self-Administration of Medications in an Assisted Living Facility training completed on was found in the file. A 2-hour up-date from was found in the file. No other update was found.

3. Record review revealed Staff D is noted to be a medication assistant on the staff schedule. A review of her personnel record on revealed she was employed on An initial 4-hour certification of completion of the Assistance With Self-Administration of Medications in an Assisted Living Facility training completed on was found in the file. A two hour up-date from was found in the file. No other update was found.

4. Record review revealed Staff E is noted to be a medication assistant on the staff schedule. A review of her personnel record on revealed she was employed on An initial 4-hr certification of completion of the Assistance With Self-Administration of Medications in an Assisted Living Facility training was found in the file. A two hour up-date from was found in the file. No other update was found.

5. During an interview on at 4:00 p.m. the Administrator and Director of Nursing (DON) stated that with the recent change in Nursing Administration it is a probability this training may have been overlooked. The Administrator stated that the previous DON completed the training for the Medication Aides and the facility would be actively looking for someone to complete the required training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Juniper Village At Naples
1155 Encore Way
Naples, FL 34110

Re: CCR #2013013161

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2014 by a representative 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 , 2014 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 surveyor. 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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