STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912088	06/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bentley Village	875 Retreat Drive Naples, FL 34110	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:
These are the results of the Biennial survey conducted on through at Bentley Village an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview, the facility failed to maintain good control practices and preserve resident dignity while serving the noon meal to Residents #8, #12, #13, #16, #17, #18, #19 and #20 in the 3 unit dining on the first floor.

The findings include:

1. Observation of the Terrace Dining on at 11:30 a.m., revealed Staff A serving lunch meals to 11 residents. Soup was served first. Staff A placed her bare thumb inside the bowl when she served the soup; and, placed her thumbs on top of plates when she served the main entree and dessert. During this service, Staff A was observed to rinse her hands with water for 5 seconds, after she touched/assisted two separate residents. No soap was used with this procedure. Staff A removed dirty dishes from tables and proceeded to serve food plates without washing her hands. She was also observed to sniff and wipe her nose with her hand, on two occasions, without performing hand washing.

Observation of the Promenade Dining on at 12:15 p.m., revealed Staff B serving lunch meals to 12 residents. Staff B was wearing gloves during this process. These gloves were only changed on 2 occasions although 4 courses (consisting of soup, main entree, fruit and pie) were served. During this service, Staff A removed dirty dishes from tables and proceeded to serve food plates without changing her gloves and washing her hands. In addition, Staff B placed her thumbs inside bowls and on top of plates during the entire meal service.

Staff A and Staff B did not change gloves and/or wash their hands at any point between touching soiled surfaces and clean surfaces; representing a breach in control standards that could result in the spread of and entities.

Upon interview at 2:00 p.m. this date, the Director of Nursing (DON) acknowledged that the failure to wash hands after touching dirty surfaces and placing thumbs on plates and in bowls during meal service, represented a breach in control practices.

2. On at 12:05 p.m., during the noon meal, Staff D was preparing beverages for 7 Residents in the Veranda Dining An uncut lemon was sitting on a plate. Staff D picked up knife from counter, cut a slice of lemon without washing her hands, picked up the lemon and placed it on the top rim of a glass. The glass was given to Resident #20.

Staff D went to the refrigerator and opened a six pack of juice covered in plastic, using the same knife she used to slice the lemon and placed the knife back on the plate. Staff D, picked up the knife and sliced another section of the lemon and placed it on the rim of Resident #8's glass. Staff D placed the knife back on the plate with the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912088	06/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bentley Village	875 Retreat Drive Naples, FL 34110	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

unused portion of lemon.

Without washing her hands, Staff D, removed soup from a heated container using a ladle, and placed the soup in bowls while holding the bowl with fingers on the bottom and her thumb on the rim of the bowl. She placed the bowl of soup on a saucer and served the 7 Residents.

Staff D removed dirty soup bowls from residents' tables and placed them in the sink, picked up clean dinner plates and placed them in front of residents several times during the dining.

Staff D, removed cookies from a plastic container using serving tongs and placed the cookies on the resident's dirty dinner plates allowing the bottom of the tongs to touch each dirty plate.

Staff D, picked up plates, cups, eating utensils and failed to wash or sanitize her hands at any time while serving meals to residents.

After the dinner plates were removed from the table, Staff D did make an attempt to wash her hands by placing a small amount of liquid soap on her hands and rinsed them for less than 5 seconds and dried her hands with a paper towel.

Staff D, rinsed the dirty dishes under running water and placed them in a dishwasher. After loading the dishwasher, Staff D, rinsed her hands with running water, but did not use soap. Staff D, dried her hands with a paper towel.

Resident #3 requested another glass of water, Staff D picked up Resident #3's dirty glass and filled the glass from a water dispenser in the dining area allowing the inside of the glass to touch the spout of the water dispenser.

3. Resident #13 was observed entering the Terrace Dining approximately 11:45 a.m. on . She sat at a table with 3 other residents who were eating their main lunch entree. Resident #13 commented how wonderful it was to be back in the dining I that she missed being with everyone. She was then observed to ask Staff A for a bowl of soup. A period of 7 minutes ensued during which Resident #13 asked Staff B three times for a bowl of soup. Soup was observed to be readily available on the counter in the dining . After another 3 minutes, Staff A gave Resident #13 a glass of juice. Resident #13 responded, "But I have been asking for soup." Staff B stated, "Yes, I know" and proceeded to give her a bowl of soup.

Upon interview at 2:30 p.m. this date, Resident #13 stated, "I was frustrated waiting for that soup. Everyone else was eating something. I guess I just have to be patient."

Observation of the Promenade Dining , at approximately 12:25 p.m. on revealed Resident #11 sitting at table with 3 other residents. She was eating her main lunch entree. Staff C approached the resident and asked her to leave the table. When asked why, Staff C told the surveyor she had to take Resident #11's . The resident was observed to enter the medication , have her taken and receive medication from Staff C. Resident #11 was away from her lunch table for approximately 5 minutes. She was allowed to return to the dining area independently and sat at another table. Staff B then corrected Resident #11 stating, "You don't sit here" and escorted her to the table with her meal.

4. During the noon meal on in the Veranda Dining area, Resident #12 requested a glass of milk. Staff D

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912088	**06/17/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bentley Village	**875 Retreat Drive Naples, FL 34110**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

called to the kitchen for milk. A cart was delivered to the dining [illegible] liquid beverages, but no milk. Resident #12 continued to request her milk on three separate occasions, Staff D, continued to tell the Resident, "I will get your milk." After approximately 20 minutes the milk had not arrived. Staff D called the kitchen again and the milk was delivered to Resident #12.

Upon interview at 2:00 p.m. this date, the Director of Nursing (DON) acknowledged that the staff failed to treat Residents #11 and #13 in a dignified manner.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Bentley Village
875 Retreat Drive
Naples, FL 34110

Dear Administrator:

This letter reports the findings of a Biennial survey that was compleeted on , 2014 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 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

sh
Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com