STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932376	07/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Aristocrat, The	10949 Parnu Street Naples, FL 34109	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0029 - 58a-5.0182(5) Fac - Resident Care - Nursing Services S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D

Specific Tag Findings:
These are the results of a Biennial and Extended Congregate Care (ECC) survey which was completed at Aristocrat Assisted Living Facility (ALF) on [redacted] through [redacted].

The following is a description of non-compliance:

0029-Resident Care - Nursing Services 58A-5.0182(5) FAC
Based on observation, record review, and interview, the facility failed to ensure nursing services provided to 1 (Resident #5) of 10 sampled residents [redacted] within the scope of the Standard Assisted Living Facility's license.

The findings include:

On [redacted] at 9:30 a.m., Resident #5 was observed sitting in the dining area. Resident #5 was observed to have his [redacted] lower legs wrapped in elastic bandages.

On [redacted] at 10:00 a.m., Staff A was observed performing a dressing change on Resident #5. During interview, Staff A stated that the dressings were being applied due to dry and flaking skin.

Review of the resident record for Resident #5 revealed a health care provider's order dated [redacted] to "Start on Viscopaste, kling and coban wraps both legs from instep to knees q (every) M-W-F." Record review found no evidence Resident #5 is receiving services under the facility's Extended Congregate Care (ECC) license. There was no documentation of an ECC assessment. No documentation of an ECC service plan and no progress notes for any ECC services.

On [redacted] at 10:00 a.m., Staff A stated Resident #5 is not receiving services under the ECC license. Staff A stated he did not think this nursing services was an ECC service because the resident did not have any open wounds.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and interview, the facility, Administrator who supervises both the Skilled Nursing Facility (SNF) and the Assisted Living Facility (ALF), failed to appoint a Manager who has been CORE trained to supervise the day to day operation of the ALF.

The findings include:

Record review for Staff D found no documentation of receiving CORE training. Her Job description is "The Assisted Living Facility Unit Manager."

On [redacted] at 11:40 a.m., the Administrator stated he is the Administrator of both the SNF and the ALF. He stated there is no dedicated Manager who has received CORE training for the ALF.

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On [redacted] at 12:20 p.m., Staff D stated she is the ALF Unit Manager. She has been in this position for 2.5 years. She states the Administrator is over both the skilled nursing portion of the facility and over the ALF. She stated the line of authority is the Administrator and then the Director of Nursing (DON) of the SNF. Then she is in charge of the ALF side. Staff D stated she is not received the CORE training.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observation and interview, the facility failed to maintain good [redacted] control practices while serving Residents in the Main Dining [redacted] the Assisted Dining [redacted] the lunch meal on 2 separate observation days.

The findings include:

1. Observation of the main dining area on [redacted] at 11:58 a.m., revealed staff serving lunch to 22 residents. Soup was served first. Staff H placed her un-gloved thumb inside the bowl as she removed it from a stack of soup bowls. She moved her thumb to the upper rim of the bowl as she poured the soup and handed the bowls to Staff I and Staff J. Both Staff I and Staff J placed their thumbs on the rim of the bowl before placing the bowls in front of the residents.

Staff H, I and J, continued to serve the main entrée by removing the outer lid and picking up the plate placing their thumbs on the inside rim of the plate.

Individual desserts were brought to the dining [redacted], each dessert was covered in a clear plastic wrap. Staff J lifted the edge of the plastic wrap and placed her thumb on the inside rims of the dessert plates and continued to remove the plastic wrap before serving the residents.

Staff H, I, or J did not wash or sanitize their hands at any point between touching soiled surfaces and clean surfaces; representing a breach in [redacted] control standards that could result in the spread of [redacted] and [redacted] entities.

2. Observation of the assisted dining area on [redacted] at 12:15 p.m., revealed Staff A, I, and J, serving lunch to the residents, soup was served first. Staff I, picked up the soup bowl by placing his entire thumb inside the bowl and then placed his thumb on the inside rim of the bowl while pouring the soup into the bowl and placing it in front of each residents.

On [redacted] at 12:30 p.m., Staff A was asked to also observe the soup being placed in the bowls and Staff A, agreed thumbs were being placed in the bowls and proper [redacted] control practices were not being followed.

3. During an interview on [redacted] at 1:30 p.m. the Director of Nursing said, "I think it's time to do some training on safe food handling, and [redacted] control practices."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Aristocrat, The
10949 Parnu Street
Naples, FL 34109

Dear Administrator:

This letter reports the findings of a Biennial and Extended Congregate Care (ECC) survey that was conducted 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

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Enclosure: State Form

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