STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965121	02/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Homewood Residence At Naples	770 Goodlette Road, North Naples, FL 34102	
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
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= B

Specific Tag Findings:
An unannounced Biennial survey was conducted on ... through ... at Homewood Residence at Naples, an Assisted Living Facility in Naples, Florida.

The following is a description of the deficiencies.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interview, the facility failed to treat residents with consideration and respect and due recognition of personal dignity for 1 (Resident #9) of 14 sampled residents and random residents observed during dining.

The findings included:

1. During an interview with Resident #9 on ... at 2:15 p.m., she stated, "As I was comimg out of a meeting today, staff (Staff I) grabbed my blue bag in front of the other residents and a bus driver and said: What are you doing with these bananas? You have to stop taking too many bananas. She does not ask me if she can go through my bag, and she has done this before. I get very upset when staff (Staff I) does this."

During an interview with Staff I on ... at 10:05 a.m., she stated, "Resident #9 tends to have a cloth bag attached to her walker, and I am concerned it causes an imbalance. I have approached Resident #9 numerous times and asked her how much food she has in her bag. Resident #9 is a problem regarding taking food. I was not aware she was upset."

The Administrator reported on ... at 4:00 p.m., that she would do an immediate investigation, and was not aware of this issue.

2. On ... at 8:05 a.m. 2 different staff (Staff G and H) were observed in the dining ... clothing protectors on a total of 4 residents without asking permission from them.

Staff F was observed from 8:05 a.m. to 8:30 a.m. serving first water, orange juice, and then coffee to a all the residents. On 8 different occasions staff said, "would you like some coffee my friend?, would you like some water my friend, would you like some orange juice my friend?" referring to residents before serving.

The Executive Director arrived at 8:20 a.m. and she stayed at dining ... During an interview with the Executive Director on ... at 10:59 a.m. she said that she heard the staff calling residents "my friend" at least once and she took her aside and explain to her that they do not use this kind of terms when refer to residents. She stated, "we don 't use my friend, sweetie, honey etc."

Class III

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	AL11965121	02/18/2015
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review, and interview the facility failed to label medications as directed by health care provider for 2 (Resident #13 and #14) of 4 residents observed during the medication pass.

The findings include:

1. The label on medication for Resident #14 did not match the Medication Observation Record (MOR) that reflects the current health care provider order.

2. The label on Vitaman D3 for Resident # 13 did not match the MOR for correct dose listed in the health care provider order.

3. During an interview on at 1:00 p.m., Staff Jshe stated, "We should have a medication label alert on both medications. I will place it on them now."

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure 2 (Staff C and D) of 5 staff had an annual statement of freedom from

The findings included:

1. Record review for Staff C (Resident Aid, hired found the most current statement of freedom from was dated and expired on

2. Record review for Staff D (administrator, hired found the most current statement of freedom from was dated and expired on

3. On at 3:55 p.m., the Administrator said that they have no other documentation from a health care provider for Staff C and her self.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, facility failed to obtain in service trainings for 3 (Staff B, C, and E) out of 5 staff records reviewed.

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Homewood Residence At Naples	**770 Goodlette Road, North Naples, FL 34102**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings included:

1 Record review for Employee B revealed she was hired on . in the position of Licensed Practical Nurse (LPN). Further review revealed that staff lacked the Emergency Preparedness and evacuation training including emergency procedures, chain-of-command and staff roles relating to emergency evacuation. There was a certificate on record dated . for a training provided by a Maintenance Director that was not CORE Certified.

2. Review of the personal file for Staff C revealed they were hired on . in the position of Resident Aid. Further review for Staff C found no training in Incident Reporting and Emergency Preparedness and Evacuation training including emergency procedures, chain-of-command and staff roles relating to emergency evacuation. There was a certificate on record dated . for a training provided by a Maintenance Director that was not CORE Certified

3. Staff record review for Staff E revealed she was hired on . in the position of Resident Aid. Further review revealed that staff lacked training in Incident Reporting and Resident Rights in an Assisted Living Facility and recognizing and reporting resident . neglect, and .

4. The findings were acknowledged by Executive Director during exit on . at 3:55 p.m.

Class .'

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Homewood Residence At Naples
770 Goodlette Road, North
Naples, FL 34102

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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,

Jon Seehawer, RN
Field Office Manager

JS
Enclosure: State Form

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