STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965121	03/09/2015
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

An unannounced complaint survey for CCR# 2015002217, was conducted on , at Homewood Residence at Naples, an assisted living facility located in Naples, Florida.

The complaint contained one allegation which was substantiated with a deficiency cited.

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

Based on observation, interviews, and record review, the facility failed to prevent the spread of for 15 (Residents #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, and #16) of 93 Residents currently residing at the facility.

The finding included:

On , the facility contacted the Department of Health (DOH) and reported an outbreak of and At that time, the facility was given over the phone the required steps to take to help prevent further spread of which included

1) Close dining and common meal areas.
2) Close all community functions/gatherings
3) Provide in-r with disposable dinnerware.
4) Provide gowns/gloves and increased handwashing
5) enhanced cleaning using a cleaner able to kill Norovirus
6) Post notifications on doorways.

On , an epidemiologist from the DOH visited the facility and identified 15 residents presenting with symptoms with , and which was of Norovirus beginning According to the DOH, the facility failed to follow his guidelines to prevent other residents from becoming

The facility Acting Director of Nursing, said she had posted signs on all the doors in accordance with the DOH recommendations on but the facility Administration removed them.

On , upon entrance to the facility at 9:00 a.m., no signs advising visitors of a possible Norovirus outbreak in the facility were posted on the doorway.

A sign was posted on the doorway reminding visitors, it is flu season, and if they have any symptoms, to refrain from visiting the facility.

On at 09:15 a.m., the Administrator agreed, the signs were removed by a directive from the Regional Director to remove the signs from the doorway.

During a tour of the facility at 9:45 a.m., in the 4th floor memory care unit, a box of masks were observed in the nurses station.

During an interview with the Crossing Program Manager on she said she did not have any gowns on her unit, only masks and gloves.

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During an interview on at 10:00 a.m., with Staff A, she said there were no gowns on the memory care unit and the facility did not give any formal training on providing care of residents with symptoms of Norovirus.

On , at 11:00 a.m., the Administrator said the facility did meet with staff about the Norovirus and the precautions needed to prevent the spread of , but did not have any formal documentation to verify trainings had occurred.

According to the 24 hour report sheet for 2 (Resident #15 and #16) residents, who reside on the memory care unit were experiencing active symptoms of

On during an observation of the medication , the Medication Aide stated they did have gowns, gloves, and masks readily available. Gowns, gloves, and masks were in a supply closet in the Medication

On at 12:15 p.m., residents were observed eating lunch in the main dining

On at 12:30 p.m., the Administrator said, once a resident has symptoms of , and/or they are no longer permitted to eat in the dining attend activities. They must be free of symptoms for 72 hours before they can return.

During a telephone interview at 12:30 p.m., the Regional Nurse said the corporate guidelines for an outbreak in is at least 10% of the population has active symptoms on the same day. She did not feel 16 residents over a 12 day period met the criteria to close the dining discontinue activities. She also said the recommendations from the epidemiologist was just that, "Recommendations, not mandates."

16.8% of the Resident population had Norovirus type symptoms over a 12 day period.

at 3:30 p.m., the Maintenance Director said he all areas of the facility including, doorbells, doorknobs, handrails, all flat surfaces, arms of chairs, bed rails. "I all resident areas. He is also using a % bleach solution for cleaning and floors. This is an ongoing process until there are no more cases of the " He also said he purchased, soaps, paper products, hand sanitizers, extra gloves, gowns and masks to keep in the and nurses stations.

On the Epidemiologist stated it is an "intentional evasion of precautions" leading to the spread of the

On , the epidemiologist sent 3 stool cultures for Resident #1, #2, and #14 to the lab for testing. On , all three cultures were positive for Norovirus G-2 strain.

at 2:00 p.m., the Epidemiologist said a resident could continue to be 2 to 3 weeks or longer after initial onset with no active symptoms.

Review of the 24 hour report sheet reveal no cases of Norovirus were reported after

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015002217

Dear Administrator:

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

Jon Seehawer, RN
Field Office Manager

JS:sp
Enclosure: State Form

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