STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965121	R
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE NAPLES	**770 GOODLETTE ROAD, NORTH NAPLES, FL 34102**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced follow-up to the Biennial survey was conducted on . . . . at Brookdale Naples, an Assisted Living Facility (ALF) in Naples, Florida.

The following is description of the deficiency.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review, and interview, the facility failed to match Medication label to Medication Observation Record (MOR) for 3 (Resident #5, #7, and #8) out of 5 residents reviewed.

The findings included:

1. Record review for Resident #5 revealed, Lactobacillis Medication on Medication Observation Record (MOR) stated: "Add one packet to cereal, food or milk twice daily." The Medication Label on one container listed "twice daily " and on another container "three times daily." No medication alert label was place on container.

2. Record review for Resident #7 revealed, Medication . . powder container had resident . no name or Label for directions.

3. Record review for Resident #8 revealed, Medication Voltaren Gel 1%, "Apply to right foot at callus twice daily if possible." The MOR matched the Health Care Provider's order. The Medication Label on the container read: "Voltaren Gel 1% apply to affected area both feet as needed." No medication alert label placed on medication container.

2. Staff B stated on . . . . at 7:00 p.m.. "I will address this medication issue."

Class . .

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965121	A. Building B. Wing	5/6/2015

Name of Facility

BROOKDALE NAPLES

Street Address, City, State, Zip Code

770 GOODLETTE ROAD, NORTH
NAPLES, FL 34102

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC		ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC		ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By** HFF	**Date:** 5-15-15	**Signature of Surveyor:** Claire McGillivray, RNS	**Date:** 5-15-15
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Naples
770 Goodlette Road, North
Naples, FL 34102

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on May 6, 2015 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

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