STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968845	11/02/2015
NAME OF PROVIDER OR SUPPLIER **DISCOVERY VILLAGE AT NAPLES, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8417 SIERRA MEADOWS BLVD NAPLES, FL 34113**	

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

0000 Initial Comments

An unannounced Complaint Survey CCR #20150009368 was conducted on I/ at Discovery Village at Naples, an assisted living facility in Naples, Florida.

The complaint had two allegations which were substantiated. The following is a description of the deficiencies:

0054 Medication - Records

Based on record review, and interview, the facility failed to document immediately after each time a medication was given at 9:00 a.m. on I/ /, for 23 (Residents #2, #3, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, and #27) of 23 residents sampled. Failed to document on the handwritten Medication Observation Records (MOR) for 4 (Residents 3, 7, 9 and 10), and failed to ensure medications were given as directed for 1 (Resident #1) of 23 residents sampled.

The findings include.

1. On I/ / at 10:30 a.m., record review of Residents #2, #3, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, and #27's Medication Observation Records (MOR'S) revealed no documentation the medications were given at 9:00 a.m. Missing on 23 Resident MOR's was the signature/initials of facility staff who had given resident medications.

On I/ / at 10:45 a.m., Staff B reported that she is the sole nurse on Monday for 3 medication carts. She does not chart her medications immediately because she gets interrupted by other residents and gets busy. She said she charts her medications later, when she has time.

2. Record review of MOR's for Residents #3, #7, #8, #9 and #10, the facility failed to document on the handwritten MOR's, a list of resident's known

Review of the handwritten MOR for Resident #3 dated I/ through I/ , revealed the medication dates and routes for 3 medications ( ) were missing and the list of were missing.

On I/ / at 12:30 p.m., the Director of Nursing reported she was not aware of these issues.

3. Review of Resident #1 out of 23 Residents record revealed, the facility failed to notify the resident's

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health care provider of a medication error. Resident #1's MOR dated through revealed tablet, 400 mg, was given orally twice daily at 8:00 a.m. and 5:00 p.m. for 18 days, instead of 3 times weekly as ordered by the health care provider.
A copy of her medication history showed since , 400 mg tablet, take 1 tab PO (by mouth) MWF (Monday, Wednesday and Friday). The AHCA Health Assessment Form 1823, dated , showed 400 mg, 1 tab MWF PO.

On at 1:40 p.m., the resident's health care provider reported no harm was done to resident.

On at 11:45 a.m., the Director of Nursing reported she was not aware of medication error.

Class III

0056 Medication - Labeling and Orders

Based on record review and interview, the facility failed to contact the health care provider to request revised instructions for an as needed medication for 1 (Resident #2) out of 23 residents sampled.

The findings include:

1. Record review of Resident #2's Medication Observation Record (MOR) revealed (pain medication) prescribed by the health care provider on as, "5 G, give 1/2 tab as needed twice daily." The medication was handwritten on the MOR by facility staff for dates through . The directions did not include the circumstances under which it could be given or any limitations on the time it could be given.

2. On at 3:00 p.m., the Executive Director stated, "We now have [name of a pharmacy]. I will call the health care provider to have the order clarified."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Discovery Village At Naples, Llc
8417 Sierra Meadows Blvd
Naples, FL 34113

RE: CCR #2015009368

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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(s). 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

XG90

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