STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968845	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DISCOVERY VILLAGE AT NAPLES, LLC	**8417 SIERRA MEADOWS BLVD NAPLES, FL 34113**

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

0000 Initial Comments

An unannounced revisit survey was conducted on at Discovery Village, an Assisted Living Facility in Naples, Florida. This was a follow-up to the complaint survey completed on / . The following is a description of the deficiency.

0054 Medication - Records

Based on record review and observation, the facility failed to ensure medications were given as directed for 7 (Residents #16, #27, #28, #29, #30, #31, and #32) of 26 residents sampled.

The findings included:

1. On at 10:00 a.m., Staff A was observed performing a sugar check and administering for Resident #31. On record review the sugar check and administration were due at 8:00 a.m.

During an interview at this time Staff A said she is a new nurse and trying very hard with this job.

2. On / at 10:10 a.m., Staff B was observed assisting with medication self-administration to Resident #32. On record review the medication was due at 8:00 a.m. and Resident #32 was receiving it at 10:10 a.m. Staff B had no reason for this happening.

3. On / , review of Resident #29's Medication Observation Record (MOR) showed there was no documentation for Lantus not being administered for 2 days. This is a 9:00 a.m. dose.

On interview at this time with Staff A, B, and C, no one could say why this was not documented. The Director of Nursing (DON) was not aware and this was his second day on the job.

4. On review of Resident #30 medication observation record showed was circled for 3 days and reasoning was "Medication was not available."

On interview at this time with staff, no one could say why this occurred. The DON was not aware and this was his second day on the job.

5. On review of Resident #28's MOR showed was circled for 2 days, but no reasoning as to why it was not given.

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On interview with staff at this time, no one could say why this occurred. The DON was not aware and this was his second day on the job.

6. On ___ ___ review of Resident #16's MOR showed resident refusing for 19 days and for 20 days.

During an interview at this time Staff C said she was on Hospice and the Hospice nurse wouldn't discontinue these medications.

7. On ___ ___/ ___ review of Resident #27's MOR showed Lumigan eye drops not being administered for 2 doses. There was no reasoning for why it was not given.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968845	A. Building B. Wing	12/22/2015

Name of Facility	Street Address, City, State, Zip Code
DISCOVERY VILLAGE AT NAPLES, LLC	8417 SIERRA MEADOWS BLVD NAPLES, FL 34113

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 A0056 Reg. # 58A-5.0185(7) 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		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	[signature]	12-30-15	Wendy Snyder, RDJ	12-30-15
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
Discovery Village At Naples, LLC
8417 Sierra Meadows Blvd
Naples, FL 34113

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on 22, 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 , 2016.**

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

YOSF

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com