STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965374	04/12/2016
NAME OF PROVIDER OR SUPPLIER **JUNIPER VILLAGE AT NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1155 ENCORE WAY** **NAPLES, FL 34110**	

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

0000 Initial Comments

An unannounced relicensure with limited nursing service survey was conducted on / through at Juniper Village at Naples, an Assisted Living Facility in Naples, Florida.

The following is description of the deficiencies:

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure 1 (Executive Director) of 5 staff record's reviewed, documented freedom from ( ) on an annual basis.

The findings included:

Record review for the Executive Director found the only statement of freedom from was dated .

On at 1:30 p.m. the Executive Director said she was originally hired in at a sister facility in another state. The freedom from was completed when she was originally hired. She took the position as Executive Director at the current facility on /. She has not had a freedom of completed since the date.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure 3 (Staff A, B and C) of 4 staff reviewed received all required training.

The findings include:

1. Record review for Staff A found a hire date of . On / at 1:35 p.m., Staff A said he was not a Certified Nursing Assist (CNA), but is a resident assistant. Staff A's record had no documentation of having received training in assisting with activities of daily living (ADL).

2. Record review for Staff B found a hire date of . Staff B's record had no documentation of having received the required training in resident elopement or in major or adverse incident reporting within 30 days of hire. Staff B's record contained a Juniper Communities certificate of attendance dated . The module listed on the back of the certificate does not include a module addressing

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elopement or incident reporting.

3. Record review for Staff C found a hire date of . Record review found no documentation of receiving the required training in major or adverse incident reporting or of recognizing and reporting or neglect within 30 days of hire. Staff C's record contained a Juniper Communities certificate of attendance dated / . The module listed on the back of the certificate does not include a module addressing incident reporting or and neglect.

4. On / at 1:35 p.m., the Executive Director said there is no other documentation of training for Staff A, B and C other than that listed on the Juniper Communities certificate of attendance.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to ensure all records of training for 1 (Staff C) of 4 staff reviewed had appropriate documentation of completion.

The findings included:

Record review for Staff C found a hire date of . Documentation of training, control training, emergency procedures and elopement training was verified on an "In Service Training and Annual Attendance Controller" form. This form does not include subject matter, hours of training.

On at 1:35 p.m., the Executive Director said documentation of training for Staff C does not include appropriate certificate for the or emergency procedures and elopement training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Juniper Village At Naples
1155 Encore Way
Naples, FL 34110

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 2016.** 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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