| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965121 | 05/19/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE NAPLES** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**770 GOODLETTE ROAD, NORTH**<br>**NAPLES, FL 34102** | |

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

**0000 Initial Comments**

An unannounced Complaint survey, CCR #2016005104 was on conducted at Brookdale Naples, an Assisted Living Facility in Naples, Florida.

The complaint contained 1 allegation, of which was substantiated with deficiencies.

The following is description of the deficiencies found during the visit.

**0052 Medication - Assistance with Self-Admin**

Based on observation, interview and record review, the facility failed to ensure 1 (Resident #3) of 3 sampled resident's physician orders were being followed during assistance with self-administration of medication.

The findings included:

Review of Resident #3's record revealed the resident has a current diagnosis of Fib, Chronic Failure, Cardiomypathathy and .

The Physician progress note dated read as follows: "This is to inform you that resident has both legs and dripping water for last 2 weeks."
Physician Progress note dated / documented resident has 3 plus and orders change for 2 mg daily for 1 month.

Observation of Medication Pass on / at 11:00 a.m., revealed resident received Tablet 0.125 mg by mouth. Review of the label documented the medication was to be given at 12:00 p.m. Reconciling the label with the Medication Observation Record (MOR) and the physician order documented the medication was to be given at 9:00 a.m. and signed off medication was given at 9:00 a.m.

The Director of Nursing (DON) was present at the time of the reconciliation on at 11:15 a.m. and confirmed the time on the label was not correct and the resident should not have received the medication at 11:00 a.m.

Review of the MOR and the physician orders revealed was to be given during the observation of the Medication Pass, however, the resident did not receive the medication. The MOR showed a sticky note that read waiting for order from Veteran Administration (VA). The MOR also documented

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

that the last dosage of was administered to the resident on / / . The DON said the medication was not given, as they were waiting for the prescription to be delivered from the VA. Staff C added we do order 10 extra pills from a local pharmacy until the medication is sent from VA, but said the prescription had not been called in, and we have no to give the resident.

During an interview with Resident #3 and his wife on / / at 11:34 a.m. Resident #3 said, "The facility is not giving me the pills I need. I pay the facility $465.00 extra a month for them to manage my medications, and they either don't order the medications, or there is missing medications." The resident went on to say the medications are ordered from the VA, and have set up with a local pharmacy to supply a dosage of 10 pills, when the medication from the VA runs out. The resident also added his doctor was very upset, that he is not getting the medication ordered for him.

Class III

**0056 Medication - Labeling and Orders**

Based on observation, interview and record review, the facility failed to ensure 2(Residents #3 and #20) of 3 sampled residents medication labels were accurate according to physician orders and instructions. The facility also failed to ensure Resident #3's prescriptions for ( ) was filled timely, causing a delay of the medication being given for 3 days.

The findings included:

1. Review of Resident #3's record revealed a current diagnosis of Fib, Chronic Failure, Cardiomypathathy and .

The Physician progress note dated / read as follows: "This is to inform you that resident has both legs and dripping water for last 2 weeks."

The Physician Progress note dated documented resident has 3 plus and orders change for 2 mg daily for 1 month.

Observation of Medication Pass on at 11:00 a.m., revealed Resident #3 received Tablet 0.125 mg by mouth. Review of the labeled documented the medication was to be given at 12:00 p.m. Reconciling the label with the Medication Observation Record (MOR) and the physician order documented the medication was to be given at 9:00 a.m. and it was signed off that it was given on / at 9:00 a.m.

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| | **AL11965121** | **05/19/2016** |
| NAME OF PROVIDER OR SUPPLIER **BROOKDALE NAPLES** | STREET ADDRESS, CITY, STATE, ZIP CODE **770 GOODLETTE ROAD, NORTH NAPLES, FL 34102** | |

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

The Director of Nursing (DON) was present at the time of the reconciliation on at 11:15 a.m. and confirmed the time on the label was not correct and the resident should not have received the medication at the time of the med pass.

Further review of the MOR and the physician orders indicated was to be given during the observation of the Medication Pass. The resident did not receive the medication. Further review of the MOR showed a sticky note that read waiting for order from Veteran Administration (VA). It also documented the last dosage of was administered to the resident on / /. The DON said the medication was not given, as they were waiting for the prescription to be delivered from the VA. Staff C added we do order 10 extra pills from a local pharmacy until the medication is sent from VA, but said the prescription had not been called in, and we have no to give the resident.

During an interview with Resident #3 and his wife on at 11:34 a.m. Resident #3 said, "The facility is not giving me the pills that I need. I pay the facility $465.00 extra a month for them to manage my medications, and they either don't order the medications, or there is missing medications." The resident went on to say the medications are ordered from the VA and have set up with a local pharmacy to supply a dosage of 10 pills, when the medication from the VA runs out. The resident also added his doctor was very upset, that he is not getting the medication that is ordered.

2. During observation of Resident #2's medication pass on / / at 9:30 a.m., Staff administered (inhaler) to the resident. It was observed that the resident did not swish or rinse mouth with water after the medication had been given. Review of the prescription label revealed that it documented the name of the prescription, the amount to be given, and instructions to swish and rinse with water.

Further review of the MOR and the physician order failed to document the instructions for swishing and rinsing. The DON was made aware of the concern at 10:00 a.m.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

**RE: CCR #2016005104**

Dear Administrator:

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

Fort Myers Field Office
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