STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965121	R
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)

0000 Initial Comments

An unannounced revisit survey was conducted on at Brookdale Naples, an assisted living facility (license #9584) in Naples, Florida. This was a follow-up to the complaint survey CCR#2016005104 completed on .

The following is description of the deficiencies found at the time of the revisit.

0052 Medication - Assistance with Self-Admin

Based on observation, interview, and record review, the facility failed to ensure 2 (Residents #1 and #3) of 3 sampled residents were assisted with self-administration of medications in a sanitary manner. The findings included:
On / at 9:45 a.m., Staff A for Resident #1. Staff A was never observed washing or sanitizing her hands before placing the medication into a pill cup or assisting the resident with the medication.
On at 10:07 a.m., Staff A assisted with the self-administration of medications for Resident #3 by putting them in a cup. Staff A was never observed washing or sanitizing her hands before doing this task. Staff A then proceeded to assist the resident with the medication. Staff A then placed eye drops in both eyes of Resident #3. Staff A failed to wash or sanitize her hands before or after administering the eye drops.

During an interview with Administrator on at 12:00 p.m., the Administrator confirmed the staff member should have washed her hands while assisting with self-administration of medications. Administrator was requested to provide facility approved policy in regards to handwashing.

Review of the approved policy and procedure for hand washing does not include sanitary handling or administration of medications. The policy also does not include hands need to be washed after treatment of a resident.

Class III

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0056 Medication - Labeling and Orders

Based on observation, interview, and record review, the facility failed to ensure 1 (Resident #3) of 3 sampled residents were given medication according to doctors order. Facility also failed to ensure the order was included in the resident's record.

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

The findings included:

Review of Resident #3's medication observation record (MOR) documented the resident was to receive [illegible] Tears, "Apply to right eye 3 times daily."

During medication observation on [illegible] at 10:07 a.m., Staff A was observed to administer one drop of [illegible] tears in both the right and left eye of Resident #3.

Review of the nurses progress note dated [illegible] documents the following. "Phone order faxed to doctor for signing for the eye drops, [illegible] tears 3 times a day left eye."

During the reconciling of the Resident #3's medications on [illegible], physician orders failed to include an order for the [illegible] tears.

On [illegible] at 10:30 a.m., the administrator was unable to locate the order. The administrator said she would check with the doctor, and have the order faxed to the facility.

The [illegible] order, faxed to the facility from the doctor's office, read, "[illegible] tears 1 drop at least 3 times per day may use more often." The order did not identify the right eye or the left eye.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

CCR #2016005104

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016by representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

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, RN
Field Office Manager

JS:
Enclosure: State (5000-3547) Form

BBT7

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