STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968845	05/16/2016
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 #2016005574 was conducted on / / at Discovery Village at Naples, an Assisted Living Facility in Naples, Florida.

The following is a description of the deficiency found at the time of the visit.

0152 Physical Plant - Safe Living Environ/Other

Based on record review, observations and interviews, the facility failed to maintain a safe living environment, free of hazards for 1 (Resident #1) of 3 residents reviewed. The on-going failure to treat for ants had the potential to harm all other residents residing around the memory care unit.

The findings included:

1. On / at 1:41 p.m., Staff C, LPN said Staff B, care manager, found Resident #1 around 5:00 a.m. on the morning of . The resident was last seen at 3:30 a.m. to 4:00 a.m. when Staff A and B last changed her. When Staff C arrived Resident #1's entire right side was covered by what appeared to be 300 ants. The right arm, shoulder, face and hair were covered in ants. Staff brushed her off, then showered her. The resident looked like she was in . She was unresponsive with her eyes glazed over. The resident was a patient of the local hospice, so the hospice nurse was contacted. Once the hospice nurse assessed the situation the resident was transported to the hospital.

During tour of the memory care unit on / / the following was observed, Resident #1's was found to have numerous ants on the top and bottom of the mattress, on the bed frame and on the floor surrounding the bed. Two active ant mounds were found outside of . Other areas around the perimeter of the outdoor courtyard and by 's 120 and 118 revealed ants trailing around the exterior walls.

On at 2:02 p.m., the Administrator said the facility has a pest control contract. She said the pest control company was just at the facility on for the monthly treatment. She said she does not know where the ants came from, in . She verified she had not contacted the pest control company for any further treatments since the ant invasion on / .

On / / at 2:33 p.m., the maintenance director said the facility's pest control company comes every two weeks, every other Thursday. They always walk through the building and hit the spots requested. They always treat the kitchen and will do outside the building once a month. He said they have had complaints about ants periodically since they opened, about 6-8 complaints since 2015. He said he

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spreads ant dust around the baseboards in between pest control treatments if there are complaint about ants.

Record review of the hospital emergency ... care note dated ... revealed, "... female presents to the ED [emergency department] via [emergency medical services] for an apparent ... reaction. reports they were called to her assisted living facility after she was found covered in ants and unresponsive .... Upon contacting the [name] hospice nurse who found the patient, he explained that the patient was found covered in over 1000 ants ... "

Record review of the facility pest control invoices revealed the pest control company had been to the facility on .../... and not returned since. On .../... at 2:30 p.m., the pest control representative verified the visit on .../... and no further visit since then. The representative verified the facility had not contacted them with a request to evaluate and treat the the resident was found covered in ants.

2. ... was found to have dried fecal matter on the floor of the living area and ... The toilet had a large amount of feces and toilet paper in it. Dried fecal matter was also present on the toilet seat and the outside of the bowl. This unoccupied.

pictures on file

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016005574

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

for

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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