STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968845	R
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 revisit survey was conducted on at Discovery Village at Naples (license #12700) an Assisted Living Facility in Naples, Florida. This was a follow-up to the complaint, CCR #2016005002, survey completed on .

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

0053 Medication - Administration

Based on observation, record review and interview, the facility failed to document sugars out of range for 2 (Residents #10 and #15) of 4 residents sampled. The facility also failed to notify and document notification to resident's Health Care Provider.

The findings included:

1. Review of Resident #10's chart showed resident has and is on a sliding scale . Review of sugars showed on at 8:45 a.m., resident had a sugar of 47, at 9:37 a.m. sugar was 53, at 8:15 a.m. sugar was 52. Normal sugar is 70 - 140 (Mayo Clinic Lab Reference).

Interview with Executive Director on at 2:15 p.m., said she was unable to find documentation in the resident's file to indicate if the physician was notified or if new orders were received.

2. Review of Resident #15's chart showed resident has and is on a sliding scale . Review of sugars showed that between and there were 15 episodes of elevated sugars. Resident #15's order reads "If sugar is greater than 350 give 10 units KWIK inj 100 units/ml and to call physician." There was no documentation in the resident's record to indicate if the physician was called or new orders were received.

During an interview on at 2:15 p.m. the Executive Director said she was unable to find documentation in the resident's file to indicate if the physician was notified or if new orders were received.

Class III

0054 Medication - Records

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

Based on observation and record review, the facility failed to update immediately the Medication Observation Record (MOR) when Resident #11 was started on a new medication.

The findings included:

On at 12:07 p.m., Staff J administered medication to Resident #11. The medication had a label on it from the pharmacy and the medication was listed on the electronic MOR. When the orders were being reconciled it was found that there was no order in the resident's chart. At this time Staff J said the resident had been to the optometrist in 2016.

During an interview on at 2:15 p.m. the Executive Director said there was no order in the chart and that Staff J was calling the optometrist's office to get the order.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11968845 Y1	A. Building B. Wing Y2	Y3

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0025 Reg. # 429.26(7) FS; 58A-5.0182(1) FAC LSC	Correction Completed	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed	ID Prefix A0079 Reg. # 58A-5.019(3) FAC LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
☑	QW	8-30-16	[signature] Woody Snyder, RNS	8-30-16
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
7/7/2016	☐ 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

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by a 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,

for:
Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form and Revisit Report

BBT7

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida