STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968845	R 11/16/2016
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 revisit survey was conducted on 11/16/16 at Discovery Village, an assisted living facility (License #12700), in Naples, Florida. This was a follow-up to complaint survey CCR #2016010505 completed on .

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

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to ensure supervision for residents in the memory care unit.

The findings include:

The Policy: Resident Checks and Supervision states "Every Memory Care resident needs to be rounded on every 2 to 3 hours to ensure safety and well-being " The policy went into effect / / .

Review of the MC Resident Check-Up sheets showed the following:

For the 7-3 shift:
/ / no documentation for 19 of 28 residents,
/ / no documentation for 1 of 28 residents,
/ / no documentation for 6 of 23 residents
/ / no documentation for 1 of 28 residents,
no documentation / / ,
/ / no documentation for 8 of 27 residents,
/ no documentation for 3 of 28 residents,
/ no documentation for 2 of 25 residents,
/ / no documentation for 2 of 27 residents
/ no documentation for 3 of 27 residents,
/ / no documentation for 1 of 27 residents,
/ no documentation for 3 of 27 residents,
no documentation for 2 of 27 residents,
no documentation for 20 of 28 residents,
no documentation for 2 of 28 residents,
/ no documentation,
/ no documentation,

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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)

/16 no documentation,
/ no documentation for 7 of 27 residents,
/ no documentation for 17 of 27 residents,
/ / no documentation for 16 of 27 residents.

For the 3-11 shift:
No documentation / / - / /,
No documentation- / / - / /,
No documentation / - / /,
No documentation - /,
/ / no documentation for 15 of 27 residents,
/ / no documentation for 4 of 27 residents,
/ / no documentation for 6 of 33 residents,
/ / no documentation,
/ no documentation for 12 of 32 residents,
no documentation for 3 of 32 residents,
No documentation - /,
No documentation - /,
no documentation for 2 of 29 residents,
No documentation for / / - /.

For the 11-7 shift:
/ / no documentation on 9 of 28 residents,
/ / no documentation,
/ / no documentation,
/ / no documentation,
/ 11-7 no documentation for 12 of 29 residents,
/ / no documentation,
/ no documentation,
No documentation - /,
/ no documentation,
/ no documentation,
No documentation / / - /,

During an interview on 11/16/16 at 4:01 p.m. the Director of Nursing (DON) said that it is a joint effort between herself and the manager of the Memory Care unit. The DON said that if she sees missing documentation she calls the aides to find out what happened to it. The Manager of the Memory Care Unit said that she is responsible for the LPNs and the care staff.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968845	R **11/16/2016**
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)

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM 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 , 2016by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

BBT7

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
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