AGENCY FOR HEALTH CARE ADMINISTRATION

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 / at Discovery Village an assisted living facility (license #12700), in Naples, Florida. This is the follow-up to complaint survey CCR# 2016005002 completed on .

The following deficiency was found at the time of visit.

0053 Medication - Administration

Based on record review and interview, the facility failed to follow physician orders for 2 (Residents #2 and #6) of 6 records reviewed.

The findings included:

1. Record review of Resident #2's Resident Health Assessment for Assisted Living Facilities indicated, on page 1, that he was to have FBS qAC & qHS (fasting sugars before meals and at bedtime). The resident moved into the facility on . The facility did not start checking his sugars until .

During an interview on / / at 3:01 p.m. the Executive Director stated, "He (Resident #2) was always supposed to be on medication management, it is our fault."

2. Record review of Resident #6 physician order dated 11/ stated he was to have "Accucheks AC & HS, SSI <150 = 0, 151-200 = 2 units, 201-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, 351-400 = 10 units, .400 call." The resident moved into the facility on / . The facility did not start checking his sugars until / / at 9:17 p.m.

During an interview on / the Director of Nursing, in regards to Resident #6, stated, "The order was written on / and not entered into the system until later that day, I don't know why it wasn't started until / / at bedtime."

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 A0054 Reg. # 58A-5.0185(5) 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
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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) [initials]	DATE 11-22-16	SIGNATURE OF SURVEYOR [signature] Claire McGillivray, RNS	DATE 11-22-16
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

EVENT ID: U9I513

STATE FORM: REVISIT REPORT (11/06)

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 second State Licensure Revisit Survey conducted on 16, 2016 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency corrected during the visit and the uncorrected deficiency that was identified on the day of the visit.

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

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Enclosure: State Form and Revisit Report

YOSF

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