STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965121	12/05/2016
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 complaint survey, CCR #2016010401 was completed on 12/5/16 at Brookdale Naples an Assisted Living Facility (license #9584), in Naples, Florida.

The complaint complained 2 allegations of which 1 was substantiated.

The following is a description of the deficiency.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to provide adequate resident supervision to prevent falls for 2 (Residents #3 and #9) of 6 residents.

The findings included:

1. Resident #9 had 17 falls from 2/5/16 until 6/1/16. Review of Resident #9's record revealed the facility failed to follow its Falls Management policy of: "having a post fall investigation completed with interventions identified to reduce the potential for future falls and injury." The resident was required per Health care provider order dated 2/2/16 and 3/18/16 to have supervision with ambulation. The facility failed to recognize if the resident was appropriate for the facility until 6/9/16 when his wife was sent a 45-day notice of discharge stating: "He requires care other that which the community is licensed to provide."

During an interview with the Administrator and Wellness Director (pro-tem) on 12/5/16 at 12:30 p.m., they reported they could have supervised Resident #9 better and followed each fall he had with a preventative plan of care.

2. Review of Resident #3's record revealed the facility failed to prevent further falls in August 2016 after the Resident had fallen 6 times. The resident had a notation on his health assessment dated 5/31/16 that he has an: "unsteady gait and recent fall." "Risk identification Evaluation" documented by facility LPN on 6/8/16 failed to note that Resident had "unsteady gait and recent fall." For Risk Area under heading History of recent falls/injuries, the LPN documented no for question: "Has the resident fallen in the past 12 months?" The facility failed to follow it's falls Management policy of having a post fall investigation after each fall complete with interventions identified to prevent further falls and injury.

During Interview with the Administrator on 12/15/16 at 5:00 p.m., she reported she was not aware the falls management policy was not followed.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 19, 2016

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

RE: CCR #2016010401

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on December 5, 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 January 19, 2017.** 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,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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