AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965121	01/18/2017
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 relicensure survey was conducted I/ / through I/ at Brookdale of Naples, an assisted living facility (license #9589) in Naples Florida.

The following is description of the deficiencies.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on interview and observation, the facility failed to appropriately assist with the self-administration of medications for 6 (Residents #6, #7, #12, #13, #14, and #16) of 16 sampled residents. This has the potential to diminish the resident's ability to understand and participate in their health care decisions.

The findings included:

1. On I/ / at 12:15 p.m. Resident #6 said staff brings his medications to him in a paper cup and gives it to him and does not tell him what it is

2. On I/ / at 12:57 p.m. Resident #7's medication technician (med tech) brought her medications to her. It was brought in in a small cup. Staff did not tell her what the medications was.

3. On I/ at 3:10 p.m. Resident #12 was observed sitting in the medication the medication carts are kept. This located on the 2nd floor. Staff D was observed going to the medication cart and withdrew a medication bubble pack from the cart. She checked the medication label to the Medication Observation Record (MOR). She was observed dispensing the medication into a paper cup. She gave the medication to Resident #12. She watched the resident take the medication. The resident left the Staff D returned the medication to the cart and updated the file. Staff D did not read the label of the medication to the resident or explain what the medication was.

4. On I/ / at 3:17 p.m. Staff D was observed taking eye drop medication for Resident #13 from the cart. She was observed checking the label against the MOR. She was observed taking the medication and the MOR to Resident #13's . Resident #13 was in bed. Staff D placed the page of the MOR and the medication on a table in the resident's . She was observed washing her hands and put on a pair of latex gloves. She took the bottle of eye drop medication out of the labeled box. Leaving the box on the table she took the bottle of eye drops to the resident and said here is your eye drops. She did not read the label to the resident or explain what the eyes were for. She returned the bottle to the box and took the medication and the MOR back to the mediation she updated the MOR and returned the medication to the cart.

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5. On / / at 3:30 Resident #14 came to the medication . Staff D withdrew a medication bubble packet from the cart. She checked the medication against the MOR for Resident #14. She was then observed dispensing the resident's medication in a paper cup. She returned the medication to the cart. Staff D took the medication in the cup to Resident #14 and said here is your medication. She watched him take it and then returned to the medication cart and updated the MOR. She did not read the label to the resident or explain what the medication was or why he needed the medication.

6. On / at 3:50 p.m. Resident #16 came to the 2nd floor medication . Med tech Staff E was observed taking 2 medications in bubble packets from the medication cart. She checked the label of the medications against the MOR and dispensed the medication into a paper cup. She returned the medication bubble packets to the medication cart. Staff E was observed taking the medication to Resident #16. She said, "Here you go." She watched the resident take the medication. She returned to the medication cart and updated the MOR.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on 2017 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 each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of the identified deficiency. Submit summary and documents to the Field Office no later than , 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 deficiency 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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