STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965374	**03/20/2017**
NAME OF PROVIDER OR SUPPLIER **JUNIPER VILLAGE AT NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1155 ENCORE WAY** **NAPLES, FL 34110**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Limited Nursing Services survey was conducted at Juniper Village at Naples, an Assisted Living Facility (license #9761) in Naples, Florida.

The following is description of the deficiency.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and staff interview, the facility failed to ensure 1 (Staff D) of 3 staff files reviewed contained a healthcare provider's statement that the individual does not constitute a risk of communicating or was immediately removed from duties.

The findings included:

On , employee files were reviewed for Staff C, D, and E. On Staff D's Screening showed a positive skin test.

A review of the staff schedule for revealed Staff D worked on and .

On at 4:15 p.m., the Business Office Manager said Staff D was scheduled to get a chest x-ray on but she did not get the results and that he worked on and .

CLASS III