

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965121	(X3) DATE SURVEY COMPLETED 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 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 for 2 (Residents #3 and #9) of 6 residents.

The findings included:

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

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

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

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

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Class III		