STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965027	**04/04/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE NORTH NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1710 S.W. HEALTH PARKWAY** **NAPLES, FL 34109**	

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

0000 - Initial Comments

An unannounced biennial survey was conducted through at Brookdale North Naples, an assisted living facility in Naples, Florida.

The following is description of the deficiencies.

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview the facility failed to ensure a staff preservice orientation for one (Staff B) out of one employee hired after .

The findings included:

Review of the personnel record for LPN/Staff B revealed as a date of hire and no record of previously completing core training. There is no documentation Staff B received at least 2 hours of preservice orientation to include resident rights, the facility's license type and the services offered by the facility. There is no signed statement by Staff B and the Administrator in the employee's personnel record the employee had completed the preservice orientation prior to interacting with residents.

Upon interview on at 3:30 p.m., the facility Administrator acknowledged that the employees hired since had received a preservice orientation. She verified she had no documentation of the specific preservice orientation training for the employees.

Class III

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0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure that one (Staff C) out of 2 resident aides ( ) sampled had a current card identifying first aid training.

The findings included:

Review of the personnel record for Staff C, with hire date of , revealed the employee had a card from the American Association documenting , and automated external defibrillator training on . This card did not include first aid training.

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SUMMARY STATEMENT OF DEFICIENCIES
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On [redacted] at 3:00 p.m., the Director of Personnel acknowledged the employee had no current training for first aid.

Class III