Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964817	A. BUILDING: _____ B. WING _____	09/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS OF LELY PALMS	6125 RATTLESNAKE HAMMOCK ROAD NAPLES, FL 34113

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure, emergency power plan monitoring and limited nursing services survey was conducted through at Arden Courts of Lely Palms, an assisted living facility in Naples, Florida. The following is description of the deficiencies.	A 000		
AN277	58A-5.031(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in rule 58A-5.0181, F.A.C. (b) In accordance with rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or . . . . . nurse must coordinate with third party nursing services providers to ensure resident care is provide in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services	AN277		

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AN277	Continued From page 1 are conducted and supervised in accordance with chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide limited nursing services for 1 (Resident #12) of 3 residents surveyed for limited nursing services. Failure to monitor proper placement and circulation with use of a , can cause injury to the resident's . The findings included: On at 9:30 a.m., Resident #12 was observed in the Boathouse living room sleeping in her wheelchair. The resident was observed to have a plastic , on her right . Record review of the "Clinical Evaluation" dated showed Resident #12 had a right , when she was admitted to the facility. On at 2:30 p.m., Resident Caregiver (RC) Staff D said she places the , on the resident when she gets the resident up in the morning. RC Staff D said when she floats to the evening shift she will remove the , when she puts the resident to bed. On at 3:00 p.m., Licensed Practical Nurse (LPN) Staff C verified Resident #12 was not receiving limited nursing services for the , she had ordered due to her , . LPN Staff C verified Resident Caregiver staffs were putting the , on and taking the , off the resident at times. On at 9:33 a.m., Registered Nurse (RN) Staff L verified he was the limited nursing	AN277		

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AN277	Continued From page 2 services nurse. RN Staff L said he had never been made aware Resident #12 had a , ordered for her right extremity. Class III	AN277		

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on interview, and record review, the facility failed to add staff to the background clearinghouse within 10 days of being hired for 9 (Staff A, D, E, F, G, H, I, J and K) of 11 staff reviewed.	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ814	Continued From page 1 The findings included: Review of the background clearinghouse website showed the following 9 staff members were added to the website on . . . . which was the initial date of this survey: Staff A-Resident Caregiver Date of Hire (DOH)- . . . . Staff D-Resident Caregiver DOH- Staff E-Resident Caregiver DOH- . . . . . Staff F-Administrative Assistant DOH- . Staff G-Resident Caregiver DOH- . . . . Staff H-Resident Caregiver DOH- Staff I-Housekeeper DOH- . . . . Staff J-Cook DOH- Staff K-Food Service Assistant DOH . . . . On . . . . at 11:20 a.m., the Administrative Assistive Coordinator said she had started working at the facility in . . , . . . of 2018 and she was never told it was her responsibility to update the clearinghouse website until . . . . . On . . . . at 11:30 a.m., the Administrator said she had in-serviced the Administrative Assistive Coordinator in updating the clearinghouse website on . The Administrator said she had a checklist that was to be completed on hire of the Administrative Assistive Coordinator which included, "Add Employee to Roster in AHCA". The Administrator was only able to provide a blank copy of this form. She said the form had not been completed when the Administrative Assistive Coordinator was hired. Unclassified	CZ814		