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
	AL11964626	A. BUILDING: _____ B. WING _____	R 06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PADDOCK COVE AT NAPLES	7801 AIRPORT PULLING ROAD N.E. NAPLES, FL 34109

(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 revisit survey was conducted on [redacted] at Paddock Cove at Naples, an assisted living facility in Naples, Florida. This was a follow-up to the complaint survey for #2022004442 and #2022013595 completed on [redacted]. This survey was completed in conjunction with an additional revisit survey and new complaint survey. The following is the description of the deficiency found at the time of the visit.	{A 000}		
{A 025} SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making [redacted] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.	{A 025}		

AHCA Form 3020-0001

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

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{A 025}	Continued From page 1 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure the audits of the call lights per the plan of correction. The facility failed to provide documentation 100% of caregiver staff had received in-service on ensuring call lights were answered in a timely manner. The facility failed	{A 025}		

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{A 025}	Continued From page 2 to show documentation of answering the resident councils concerns of call lights not being answered in a timely manner. Findings included: Review of the facility documentation of in-services showed that 100% of the care staff had not been in-serviced on ensuring call lights were answered in a timely manner. On Staff A said she had worked at the facility for 5 years and she stated she had not been in-serviced in ensuring call lights were responded to in a timely manner. Staff A could not show on the sign-in sheets of the in-services provided by the facility for the plan of correction that she had signed any of the sign in sheets. The Facility Plan of correction for ensuring call lights were answered in a timely manner included auditing the call lights weekly for four weeks and bi-weekly for a month and one time on the third month. Review of the documentation provided by the facility showed no audits of the call lights. On at 11:00 a.m., the Director of Resident Care said she had been on leave during the time of the audits and the Administrator was looking for the audits. Review of the audit of the call lights over the last month showed the average call light response was 31 minutes. The audits showed over the last month the call light response time was at times from 40 to 300 minutes before the call light was answered. On at 2:30 p.m., the Director of Resident Care said the facility currently was only assigning	{A 025}		

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{A 025}	Continued From page 3 one aide on each floor of the facility to provide personal care for the residents. The Resident Care Director said if the aide was busy it would take longer to respond to the resident's call light. On at 3:00 p.m., the administrator verified the audits and the in-services were not completed. The Administrator verified the Resident Council minutes showed residents were still complaining of the call lights not being answered in a timely manner.	{A 025}		