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 _____	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 complaint survey for #2022015692 and #2022017778 was conducted on at Paddock Cove at Naples, an assisted living facility in Naples, Florida. This survey was completed in conjunction with two separate complaint survey revisits. Complaint #2022015692 was substantiated at A028. Complaint #2022017778 was substantiated without citation. The following is the description of the deficiency.	A 000		
A 028 SS=D	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observation interview and record review the facility failed to ensure residents received assistance with activities of daily living (grooming) for two residents (Resident #19 and #20) of three residents surveyed by failing to ensure the residents hair was brushed and their nails were clean and clipped. Findings included: 1. On at 10:05 a.m., Resident #19 was observed in activities. The resident was sitting in a wheelchair and his hair was observed to be	A 028		

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A 028	Continued From page 1 bunched to the right side of his . . . and was observed to be clumped together from where the resident had laid his . . . on a pillow in bed. The resident's ⌄ were observed to be dark from debris under his nails and his nails were observed to be long and unclipped. On at 12:55 p.m., Caregiver Staff A stated she had brushed Resident #19's hair when she got him up in the morning. At that time Resident #19 was observed in the activities area of the first floor. The resident's hair was the same as it had been observed previously unbrushed and the hair was bunched up on the right side of his . . . where he had laid on his bed. The resident's nails had been clipped. And were clean at that time. Staff A verified his hair had not been brushed. On at 2:00 p.m., the Director of Resident Care said Resident #19 is a two person assist with his care and is dependent on staff to brush his hair and keep his nails cleaned and trimmed. On . . . . . at 10:00 a.m., Resident #20 was observed in the activities are of the first floor slumped over and sleeping in her wheelchair. 2. On . . . . . at 10:00 a.m. Resident #20 was observed in activities slumped over in her wheelchair. The resident's hair was unbrushed and her ⌄ . . . on both were observed to be long and dark in color from the debris noted to be under her ⌄ . Review of Resident #20's Service Plan dated . . . . . shows the resident is dependent on staff for nail care and brushing her hair. On at 12:45 p.m., Staff A verified she had	A 028		

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A 028	Continued From page 2 been assigned to care for Resident #20. She stated she had brushed Resident #20's hair when she got her up in the morning. On . . . . . at 1:00 p.m., Resident #20 was observed in the same area of the first floor in her wheelchair. Staff A verified the resident's hair was unbrushed and her nails were untrimmed and dark from debris under her nails. On . . . . . at 2:05 p.m., the Director of Resident Care verified Resident #20 was dependent on staff to clean her nails and brush her hair.	A 028		