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 09/07/2023

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 A follow-up by desk review was conducted on . . . . . for Paddock Cove at Naples, an assisted living facility in Naples, Florida. The follow-up was in response to the complaint survey completed on . This survey was completed in conjunction with a follow-up by desk review to a separate complaint survey revisit. The following is a description of the defiiciecy identified at the time of the review.	{A 000}		
{A 026} 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 record review and interview, the facility failed to ensure all caregiver staff were re-educated about ensuring residents receive assistance with activities of daily living when needed. The findings included: Record review revealed on , only 8 of 21 caregiver staff received re-education about ensuring residents receive assistance with activities of daily living. On at approximately 2:30 p.m. in a phone interview, the Executive Director said he was not	{A 026}		

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 09/07/2023

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 028}	Continued From page 1 required to provide re-education to all caregiver staff. He said providing an in-service to the 8 caregiver staff was evidence of substantial compliance. Class III	{A 028}		