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 _____	08/26/2025

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 investigation for #2024007726, #2024009119, #2025005229, #2025011188 and an emergency power plan monitoring survey was conducted at Paddock Cove at Naples on through . Deficiencies were identified at the time of survey. .	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical	A 054		

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A 054	Continued From page 1 , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update the Medication Observation Record to include missed dosages, medication errors, or omissions for residents who receive assistance with self-administration of medications for 3 (#2, #3, #5) out of 5 residents reviewed. The findings included: Policy: Medication Practices Effective: Revised: . Medication Records: The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have 2. The name of the resident's health care provider and the health care provider's telephone number 3. The name, strength, and directions for use of each medication 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. On at 12:45 p.m., during an interview, Resident #2 said that over the past 3 months there have been 8 instances where she had not received her medications. Resident #2 said that Administration told her that they needed to	A 054		

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A 054	Continued From page 2 retrain the staff on procedures. Review of the Medication Observation Record (MOR) for Resident #2 revealed the following: , 1 mg (and), was not documented as given and left completely blank. Xtampza ER (1 caplet every 12 hours for , (opiate)) was not documented as given on , , through and left completely blank. There was no documentation on the MOR that the medication was refused, out of stock, and or given. Review of the Medication Observation Record (MOR) for Resident #5 revealed the following: , 20 mg (and), 5% (, management), 40 mg ( ), 400 mg (deficiency), D 50 mcg (supplement), Fish Oil (supplement), (,) were not documented and left completely blank. On , , and , 40 mg was not documented and left completely blank. There were no available Medication Observation Records available for and for Resident #5. There was no documentation on the MOR that the medication was refused, out of stock, and or given. Review of the Medication Observation Record (MOR) for Resident #3 revealed the following: , , 30 mg (, management), 50 mg (,), 10 mg ( ), , 50 mg (high ,), , 7.5 mg (,), and the Breztri Aerosphere 160- .8 mcg/act	A 054		

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A 054	Continued From page 3 ( ) were not documented as given and left completely blank. The 50 mg , was also not documented and left completely blank on and . On , the 7:00 a.m. and the 9:00 p.m. doses of , , 5mg (, management) were not documented and left blank. There was no documentation on the MOR that the medication was refused, out of stock, and or given. On at 2:07 p.m., during an interview, the Executive Director (ED) said the policy for Assistance with Self-Medication is to follow the facility procedures that staff are trained on. The Director of Nursing (DON) and the ED reviewed the MORs for Resident Resident #3 and acknowledged that there were gaps in the MOR and that was against policy. On at 2:45 p.m., during an interview, the DON said that there is no MOR documentation for the month of , for Resident #5. She said that she had no idea where to locate the MOR's for the month of , for Resident #5. The DON acknowledged that this was against regulation. Class III .	A 054		