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 12/22/2025

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 A second revisit to a complaint survey was conducted at Paddock Cove at Naples on Deficiencies were recited 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 , 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.	{A 054}		

AHCA Form 3020-0001

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

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{A 054}	Continued From page 1	{A 054}		

This Statute or Rule is not met as evidenced by: Based on record review, and staff interview, the facility failed to ensure the Medication Observation Record (MOR) was documented correctly when medications were not administered as ordered for 2 (Residents #6 and #7) of 5 resident MOR's reviewed.

The findings included:

Record review of Resident #6's MOR showed her levothyroxin tab (tablet) 75 mcg (microgram) was ordered to "Take 1 tablet after every morning (7AM);" with a start date of . Further review revealed that the levothyroxin had no documentation on the MOR on , , , , , , , , , , , and and no chart codes to indicate why the medication was not given.

Record review of Resident #7's MOR showed her levothyroxin tab 88 mcg was ordered to "Take 1 tablet by every day," with a start date of . Further review revealed that the levothyroxin had no documentation on the MOR on , , and and no chart codes to indicate why the medication was not given.

During an interview on , at 12:41 p.m., the Director of Nursing (DON) stated, "I know there was an issue for [Resident #6] and the PCC [medication documentation system] slot on the 12th was open, and there were also some slots for [Resident #6] because she did not want to take her at 6:00 a.m., so we had to follow up on that. I did talk to the staff and found there was a lack of communication between staff,

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{A 054}	Continued From page 2 because night staff and morning staff did not know who had to give it." Class III .	{A 054}		