STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964914	07/24/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Carlisle Naples	6945 Carlisle Court Naples, FL 34109	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B

These are the results of the unannounced Biennial and Extended Congregate Care (ECC) survey completed on and at The Carlisle of Naples, an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview, the facility failed to dispose of expired medications within 30 days of the expiration and failed to return medications within 15 days to the resident/family or destroyed within 30 days of abandonment for 6 (Residents #27, #28, and Discharged Residents #29, #30, #31, #32) residents.

The findings include:

1. During tour of the facility on at 10:30 a.m., the wellness visited. The upper cabinet was observed to contain a lot of medications. The Administrator stated these are discontinued medications which they dispose of usually monthly.

Observation of these medications found the following:

oral solution for discharged Resident #29 which expired on , and the resident was discharged on ;

gel for Resident #27 which expired on ;

5-500 for discharged Resident #30 which expired on and the resident was discharged on ;

15 mg discharged Resident #31 which expired on and the resident was discharged on ;

12 mcg/hr for Resident #28 which expired on ;

2. A bottle of 20 mg/ml give 0.25 ml by mouth or every 1 hour as needed for pain or and 1 bottle of 2 mg/ml sol give 0.5 ml by mouth or every 2 hours PRN for agitation or every 2 hrs PRN for agitation or illness with no name on either bottle.

A bag containing medications was also observed. The Administrator verified these meds were for a discharged resident. Resident #32 had 600 mg, 40 mg, and 10 mg, and the resident was discharged on ;

3. Observation on at 10:45 a.m., the nurse's medication cart had two loose vials of . Staff G was

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not able to identify who they belonged to.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and interview, the facility failed to completely document all training provided in house for 8 (Staff A, B, C, D, E, G, H, and I) of 9 staff records reviewed.

The findings include:

1. During record review on the following was noted:

Staff A was hired on as the staff coordinator. Documentation of the Emergency preparedness, incident reporting resident rights and training taken on had no hours to verify the training met the state requirement.

Staff B was hired on as a Med. Tech and Caregiver. Documentation of the 4 hour medication course provider by a representative of Med-Life Institute did not contain the instructors credentials to be able to determine if the course was taught by an RN or a Pharmacist or not.

Staff C was hired on as a Med Tech and Caregiver. Documentation of emergency preparedness, incident reporting, residents rights and , all trained on had no hours noted. The training of had no instructor information.

Staff D was hired as the Administrator on Documentation of emergency preparedness on had no hours.

Staff E was hired as a housekeeper on The elopement training of had no hours.

Staff G was hired on as an LPN. The elopement, emergency preparedness, incident reporting, resident rights and training had no hours. The elopement training also had no date or content.

Staff H was hired on as a med tech and caregiver. The control, emergency preparedness, incident reporting, resident rights and training were taught by another CNA, not the Administrator or manager after CORE training or a contract vender.

Staff I was hired on was hired on as a med tech and caregiver. The ADL and behavioral needs, control, elopement, emergency preparedness, incident reporting, resident rights and lacked hours of training. The elopement and trainings also lacked instructor name and credentials.

2. Interview with the Executive Director revealed, the pink form, which documented training in ADL's, control, elopement, emergency preparedness, incident reporting, resident rights, and , was an in-house training program and did not document the hours of each component included in the training program. Further

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the training from Med-line was contracted and they had not realized the trainer's credentials were missing.

Class . .

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Carlisle Naples
6945 Carlisle Court
Naples, FL 34109

Dear Administrator:

This letter reports the findings of a Biennial and Extended Congregate Care (ECC) survey that was conducted on 2013 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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