STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963817	10/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tuscany Villa Of Naples	8901 Tamiami Trail Naples, FL 34113	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:
An unannounced Limited Nursing Services (LNS) survey was completed on at Tuscany Villa an Assisted Living Facility (ALF) in Naples, FL. The facility had a census of 113, with 22 residents receiving LNS.

The following is a description of non-compliance:

0162-Records - Resident 58A-5.024(3) FAC
Based on record review, observation, and interview the facility failed to coordinate services with hospice for 1 (Resident #1) of 3 residents receiving Limited Nursing Service (LNS).

The findings include:

Review of Resident #1's medical record revealed a Hospice Plan of Care (printed - page 2 of 7) that states that the resident receives at 2.5 liters via nasal cannula as necessary.

A hospice care physician visit note, dated , states "She (Resident #1) does remember to use her at night every night, and I strongly encouraged her to use it during the day if she is going to be watching a movie or knows that she is going to be taking a nap, and of course p.r.n. as well."

Review of the medical record revealed a physician order dated stating "Continuous 24 (hour?) O2 reduce (from) 2L (to) 1L during the day, continue indefinitely 2L/min overnight." This order was documented on a "Face to Face Encounter Form" dated . No other physician's order was on record relating to .

A LNS Log identifies the resident is to receive 2 liters as necessary, with a start date of LNS progress notes do not document that the resident is receiving any at night.

An Individualized Resident Service Plan, dated , for Resident #1, does not indicate the resident is in need of . In addition, this plan states "Special devices hand and wrist left hand/arm." There is no physician order on record for the use of a left hand and to provide this Licensed Nursing Service.

The Hospice Plan of Care (printed , page 1 through 7) does not indicate that the resident wears, or is to wear, a left hand . A hospice care physician visit note, dated , states "She (Resident #1) is wearing a left wrist because of her chronic accident) in order to try to prevent

Upon interview at 4:00 p.m., the Administrator concurred that the resident's order needs clarification, a physician order needs to be written for the application, removal and monitoring of a left hand by a licensed nurse and that the facility needs to assure that services are accurately coordinated with hospice.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

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Based on record review, observation and interview, the facility failed to ensure that licensed nurses provide Licensed Nursing Service (LNS) for 1 (Resident #1) of 3 residents reviewed for LNS.

The findings include:

Review of the medical record for Resident #1 revealed that the resident is recorded on the LNS Log to receive at 2 liters as necessary starting

The resident was observed in her at 2:15 p.m. on sitting in her chair. She was wearing a on the left hand. When asked who puts on the the resident stated the staff, and "They take it off before I go to bed." When asked who does that, the Administrator stated "The hospice staff."

The resident was observed again at 3:30 p.m. The Administrator and resident's husband were present at this time. The surveyor observed an concentrator and noted that it was set between 3 and 3.5 liters. The husband stated, "Is that set at the right amount?" When questioned, the resident stated it is supposed to be at 2 liters. The Administrator acknowledged that it should be set at 2 liters. When asked when she used the the resident said, "At night." When asked if the nurse put it on for her and took it off in the morning, she said, "No, the aid does that." When asked about the hand , the resident said the staff put it on in the morning and take it off at night. She stated she needed help doing this. When asked if that would be the hospice staff, the Administrator stated, "No, they are not here at night."

Upon interview, at 3:45 p.m., Staff B (Med Tech), when asked who applies Resident #1's in the evening, stated, "I do." When asked at how many liters, Staff B stated, "I don't know, how many?" The Administrator was present at this time and acknowledged that should only be applied by the nurse.

In addition, application of a is a licensed nurse responsibility as part of the facility's LNS designation. Review of the medical record revealed no physician order for the resident to wear a to indicate site and hours of application, and monitoring for skin integrity. There is no documentation that the resident's has been applied and removed by a licensed nurse.

Upon interview on at 4:00 p.m., the Administrator concurred that the should have a physician's order and be applied, removed and monitored by a licensed nurse.

Class III

N278-LNS - Records 58A-5.031(3) FAC
Based on record review, observation and interview, the facility failed to ensure that Licensed Nursing Services (LNS) are documented as being administered, per physician orders, for 1 (Resident #1) of 3 residents reviewed for LNS.

The finding includes:

Review of the medical record for Resident #1 revealed LNS Progress Notes, for the time period dated through stating "Physician Order: O2 via NC (nasal cannula) @2L/min (2 liters per minute) during day; O2 via NC @ 2L/min qhs (every night)."

The documentation, recorded on this form, revealed:

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(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

a lack of documentation every day.
a lack of documentation every shift.
no notation indicating that was administered using an concentrator.
notations stating "check portable tank, no noted."
notations stating "changed portable tank, no noted."
only 6 entries for the month of 2013, with 1 indicating was administered on the evening shift at 2000 (8:00 p.m.) and 5 indicating the day shift.
only 13 entries for the month of 2013, all indicating that was administered on the day shift.
only 7 entries for the month of 2013, all indicating that was administered on the day shift.

Interview of Staff A (licensed nurse) at 3:15 p.m. on revealed that he regularly works the night shift. When asked if Resident #1 received at night, he said,, "Yes, it is already on when I get here." When asked why he did not document administration of the on his shift, he said, "I did not put it on. I check on it though. She always uses it at night."

Upon observation of the resident's on at 2:15 p.m. and 3:30 p.m., an concentrator machine was observed. Upon interview at these times the resident stated she uses this machine to get at night. When checked by the surveyor, the machine was observed to be set between 3 and 3.5 liters/minute. The resident stated, "It is suppose to be at 2 liters." The Administrator, who was present at this time, acknowledged that the machine was set incorrectly and changed it to 2 liters.

Upon interview on at 4:00 p.m., the Administrator acknowledged that nursing progress notes have not been maintained for this resident who receives LNS.

A Limited Nursing Service Log (with no date) indicates Resident #1 has a diagnosis of with type of service "O2 at 2L prn (as necessary), start date Review of the medical record revealed a physician order dated stating "Continuous 24 (hour?) O2 reduce (from) 2L (to) 1L during the day, continue indefinitely 2L/min overnight." This order was documented on a "Face to Face Encounter Form" dated No other physician's order was on record relating to .

A hospice care physician visit note, dated states "She does remember to use her at night every night, and I strongly encouraged her to use it during the day if she is going to be watching a movie or knows that she is going to be taking a nap, and of course p.r.n. as well."

A facility service plan entitled "Individualized Resident Service Plan" dated does not indicate the use of A hospice care plan printed states 100%, 2.5 Liter, gas, nasal, prn (2.5L/NC)".

The Administrator concurred that the physician's order requires clarification.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Tuscany Villa Of Naples
8901 Tamiami Trail
Naples, FL 34113

Dear Administrator:

This letter reports the findings of a Limited Nursing Service (LNS_ survey that was conducted on 2013 by a representative 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 surveyor. 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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