STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963817	03/11/2014
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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings: These are the results of the Biennial and Limited Nursing Services (LNS) survey on through at Tuscany Villa at Naples an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview, the facility failed to maintain good control practices and a level of dignity while feeding 4 Residents #1, #2, #3 and #4 during dining.

The findings include:

Observation at the noon dining meal on the third floor dining revealed approximately 37 residents sitting at tables with 2 to 4 residents. Staff members were moving between tables assisting residents with their menu orders. Each resident was provided with a meal of their choice.

Staff A, B, C, D, and E were observed in the dining Residents #1, #2, and #4 while standing beside and over the residents. Also a Private Duty Aide was feeding Resident #3 while standing.

At no time during the noon meal was Staff A, B, C, D observed washing or sanitizing their hands while assisting residents with their meals or removing dirty plates and utensils from the tables and providing other residents with their meals.

Staff B was observed on 4 separate occasions carrying plates to the tables with her thumb inside of the plate.

Staff B was observed rubbing her nose with her hand and then began serving dessert without washing or sanitizing her hands.

Resident #2 did not want the meal provided to her and requested a Peanut Butter and Jelly sandwich. Staff A removed the meal from the table and returned with the sandwich. Staff A placed the sandwich on the table and Resident #2 stated she did not want the whole sandwich. Staff A picked up half of the sandwich with her unwashed ungloved hand and handed the sandwich to Resident #2. Staff A picked up the other half of the sandwich and placed it on the other side of the plate. Staff A moved to another table and placed a spoonful of food in Resident #1's mouth, put down the spoon, and began assisting other residents. At no time did Staff A stop and wash or sanitize her hands.

A second observation of the noon meal on the third floor dining revealed Staff E feeding Resident #4 while standing beside her. Staff E then moved to Resident #2 and began assisting the resident with her meal without washing or sanitizing her hands.

An interview with the Executive Director and Director of Resident Services on at approximately 4:00 p.m., revealed an additional need for training related to dining practices.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) survey that was conducted on , 2014 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 , 2014 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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