STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964914	11/06/2014
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)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0031 - 58a-5.0182(7) Fac - Resident Care - Third Party Services S-S= D
St - A - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D

Specific Tag Findings:
An unannounced Extended Congregate Care (ECC) survey was conducted on at Carlisle Naples an Assisted Living Facility (ALF) in Naples, Florida.

The following is a description of non-compliance:

0031-Resident Care - Third Party Services 58A-5.0182(7) FAC
Based on record review, observation and interview, the facility failed to coordinate with Hospice and Home Health Agency Care services to ensure the provision of care for 3 (Residents #4, #5, and #6) out of 5 residents observed as receiving Hospice or Home Health Agency Care services.

The findings include:

1. Resident #4, on Hospice, was observed at 10:30 a.m. on , sitting in a wheelchair in her apartment. She was connected to via a nasal cannula and an concentrator set at 3 liters. Her nasal cannula was observed to be upside down and not inserted properly, into her nasal orifice, to administer any The resident was observed to be rocking back and forth in her chair and was incoherent when questioned regarding person and place. This was brought to the attention of the Extended Congregate Care (ECC) Supervisor who was present at this time.

An interview of the ECC Supervisor revealed that this resident was not on ECC and she acknowledged that this was an oversight. She also stated that the facility nurses were overseeing the administration and "Were documenting this treatment on the E-Mar (Electronic Medical Administration Record)."

Review of the medical record revealed a physician's order, dated , for "Medical , 3 liters, continuous, Reason: No route was indicated in this order.

Review of the Medication Administration Record (E-Mar) for and 2014 revealed a listing stating - 3 liters per minute via N/C (nasal cannula) - Other, Nurse Dispense, Nurse FYI (for your information)." The E-Mar was not signed by any nurse to indicate that the had been administered for the time period through

The most current Hospice documentation, on record at the facility, was a "Hospice POC Report" dated This record did not address any administration.

2. Resident #5 was observed in an activity program on at 11:00 a.m., and again at 2:00 p.m., wearing white anti-em stockings The ECC supervisor, who was present at these times, stated that she was unaware of the anti-em stockings being worn by the resident. In addition, the ECC supervisor said that the resident was not capable of applying the stockings independently, that the resident was not receiving ECC services and the resident did not have a physician's order for the stockings.

Resident #5 was listed as receiving Home Health Care services for care. Review of the medical record revealed an "Outside Provider Communication" form, dated , stating care R (right) leg, next visit

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significant change in status 2+ pitting , new R leg." When asked if there was any other documentation from the Home Health Care agency, the ECC Supervisor stated "we'll call the agency." At 3:00 p.m., the ECC Supervisor presented a packet of Home Health Care documented stating "this was found in the resident The ECC Supervisor acknowledged at this time, that she was unaware of this documentation. Review of these records revealed no reference regarding the use of anti-em stockings.

3. Resident #6 was observed sitting in a stationary chair, in his apartment at 11:30 a.m. and 2:15 a.m. on wearing anti-em stockings. This resident was listed as receiving Home Health Care services for

Upon interview at 2:15 p.m., the ECC supervisor said she was not aware of the anti-em stockings and that the resident was not on ECC. She stated "I don't know who is putting them on (the resident). He is not capable of doing that himself."

Further investigation revealed that Home Health Care records were not on file in the resident's medical record, but were found in the resident's 3:00 p.m. by facility staff. Upon review of these records, no anti-em stockings were referenced. These records, however, did reference a change on a "Skilled Nursing Note" dated and the use of a leg bag (for collection). Upon interview at 3:15 p.m. the ECC Supervisor stated, "He (the resident) does not have a now."

Review of the facility "Narrative Charting" record, for Resident #6, revealed the last entry was dated and stated "7a- 7p, 750cc drained from bag."

The nurse assigned to Resident #6 this date, was interviewed at 3:30 p.m. and stated that the resident "Had his removed recently but ran into trouble and it had to be reinserted." Staff A confirmed that Resident #6 has a in place at the present time, and that the resident is not receiving ECC services. When asked if the resident could care for the himself, Staff A said "No."

When questioned again at 3:45 p.m., the ECC Supervisor acknowledged that she was unaware that the resident had a and stated "This is not good."

Class III

E206-ECC - Service Plans 58A-5.030(7) FAC
Based on record review and interview, the facility failed to ensure that 2 (Residents #1 and #3), out of 3 residents sampled, had evidence that their Extended Care Service (ECC) plan of care was reviewed and agreed upon by the residents or their representative.

The findings include:

1. Resident #1 is receiving ECC services for the application of anti-em stockings, on in the a.m. and off in the p.m., daily. A preliminary service plan dated and initial service plan dated showed no evidence that the plan was reviewed with and agreed upon by the resident or their representative.

Upon interview at 4:00 p.m. on the ECC supervisor acknowledged that the service plan was not signed by the resident to indicated review and agreement.

2. Resident #2 is receiving ECC service for application of anti-em stockings, on in the a.m. and off in the p.m., daily. A preliminary service plan, dated , showed no evidence that the plan was reviewed with and

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agreed upon by the resident.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Carlisle Naples
6945 Carlisle Court
Naples, FL 34109

Dear Administrator:

This letter reports the findings of a state licensure 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 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,

Jon Seehawer, R.N.
Acting Field Office Manager

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Enclosure: State Form

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