STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964914	11/19/2015

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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced extended congregate care survey was conducted / at The Carlisle, an assisted living facility in Naples, Florida.

The following is description of the deficiencies:

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have documentation of the annual ( ) status for 2 (Staff C and E) of 5 staff records reviewed.

The findings included:

1. Review of Staff C's employee file on / / at 2:30 p.m., revealed a hire date of and a chest x-ray which was done on . There was no evidence of a documented negative examination for the current year.

Interview with Wellness Director / / at 3:00 p.m. confirmed there was no documentation of a negative examination for the current year.

2. Review of Staff E's employee file / / at 2:30 p.m., revealed a hire date of and a chest x-ray which was done on . There was no evidence of a documented negative examination for the current year.

Interview with Wellness Director / at 3:00 p.m. confirmed there was no documentation of a negative examination for the current year.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to have Elopement training, Incident reporting training, Residents Right Training, Recognizing and Reporting , Neglect and Training on 1 (Staff E) of 5 staff records reviewed.

The findings included:

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	AL11964914	**11/19/2015**
NAME OF PROVIDER OR SUPPLIER **CARLISLE NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **6945 CARLISLE COURT NAPLES, FL 34109**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Review of Staff E employee file on / / at 2:30 p.m. revealed a hire datem of . There was no documented Elopement training, Incident Report Training, Resident Rights Training, Recognizing and Reporting , Neglect and Training found in the file.

Interview with Wellness Director / at 3:00 p.m. confirmed there was no documentation of any of the mentioned training in the employee file.

Class III

0082 Training - / /

Based on record review and interview, the facility failed to have training for 1 (Staff E) of 5 staff records reviewed.

The findings included:

Review of Staff E employee file / at 2:30 p.m. revealed a hire date of . There was no documented training found in the file.

Interview with Wellness Director / at 3:00 p.m. confirmed there was no documentation of training in the employee file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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 , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

David Way for:
Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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