

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/04/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963817	(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER TUSCANY VILLA OF NAPLES	STREET ADDRESS, CITY, STATE, ZIP CODE 8901 TAMiami TRAIL EAST NAPLES, FL 34113	

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

0000 Initial Comments

An unannounced revisit survey was conducted on 11/11/15 at Tuscany Villa, an assisted living facility in Naples, Florida. This was a follow-up to the complaint survey completed on 10/1/15. The following is a description of the deficiencies found at the time of the revisit.

0028 Resident Care - Activities of Daily Living

Based on observations, record reviews, and interviews, the facility failed to offer supervision or assistance with Activities of Daily Living (ADLs) as ordered by Health Care Provider for 2 (Residents #19 and #20) of 9 sampled residents.

The findings include:

1. Resident #20 listed as "Pleasantly" was observed on 11/11/15 at 1:00 p.m. sitting outside the nurses station on the 3rd floor of the facility. In an attempted interview, resident revealed she was [redacted] as to time and place. Record review of Resident's 1823 (Health Assessment) dated [redacted] revealed Health Care Provider Order for ADLs assistance with bathing, dressing, self-care (), toileting and transferring. Resident required supervision for ambulation and was listed under Special Precautions as "Precautions." Record review revealed the resident had on 11/11/15, 11/10/15, 11/9/15, 11/8/15, 11/7/15, 11/6/15, 11/5/15, 11/4/15, 11/3/15, 11/2/15, 11/1/15, 10/31/15, 10/30/15, 10/29/15, 10/28/15, 10/27/15, 10/26/15, 10/25/15, 10/24/15, 10/23/15, 10/22/15, 10/21/15, 10/20/15, 10/19/15, 10/18/15, 10/17/15, 10/16/15, 10/15/15, 10/14/15, 10/13/15, 10/12/15, 10/11/15, 10/10/15, 10/9/15, 10/8/15, 10/7/15, 10/6/15, 10/5/15, 10/4/15, 10/3/15, 10/2/15, 10/1/15, 9/30/15, 9/29/15, 9/28/15, 9/27/15, 9/26/15, 9/25/15, 9/24/15, 9/23/15, 9/22/15, 9/21/15, 9/20/15, 9/19/15, 9/18/15, 9/17/15, 9/16/15, 9/15/15, 9/14/15, 9/13/15, 9/12/15, 9/11/15, 9/10/15, 9/9/15, 9/8/15, 9/7/15, 9/6/15, 9/5/15, 9/4/15, 9/3/15, 9/2/15, 9/1/15, 8/31/15, 8/30/15, 8/29/15, 8/28/15, 8/27/15, 8/26/15, 8/25/15, 8/24/15, 8/23/15, 8/22/15, 8/21/15, 8/20/15, 8/19/15, 8/18/15, 8/17/15, 8/16/15, 8/15/15, 8/14/15, 8/13/15, 8/12/15, 8/11/15, 8/10/15, 8/9/15, 8/8/15, 8/7/15, 8/6/15, 8/5/15, 8/4/15, 8/3/15, 8/2/15, 8/1/15, 7/31/15, 7/30/15, 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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963817	(X3) DATE SURVEY COMPLETED R 11/1/15
NAME OF PROVIDER OR SUPPLIER TUSCANY VILLA OF NAPLES	STREET ADDRESS, CITY, STATE, ZIP CODE 8901 TAMiami TRAIL EAST NAPLES, FL 34113	

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

review of resident's 1823 (Health Assessment) dated 11/1/15, revealed a Health Care Provider order for assistance with toileting, transferring, and with all ADL activities except eating which required supervision.

Resident #19 was observed in his recliner with his feet elevated. On 11/1/15 at 3:10 p.m., he stated: "I cannot walk, I have a cast on my right lower leg and I am receiving 24-hour care. It takes 2 people to assist me. I cannot stand and it has been like that for a few months. I use briefs and the staff does not check on me every 2 hours. They check on me during the day and evening, but not after midnight until 8:00 a.m. in the morning."

On 11/1/15 a facility sheet for facility staff was reviewed and revealed the notation: "All Shifts: Change Resident/Confirm clean and dry prior to next shift." Resident #19 listed on form as "Full Assist."

Class III

0030 Resident Care - Rights & Facility Procedures

Based on record reviews and interviews, the facility failed to treat 2 (Residents #5 and #6) of 9 residents sampled, with consideration and respect with recognition of personal dignity and need for privacy.

The findings Include:

1. Resident #5 reported during an interview on 11/1/15 at 3:40 p.m., when there are 2 or more staff in his room, they will speak to each other in their native foreign language. He reported it has improved a little bit but has not stopped. On weekends he reported the facility staff caregivers take care of him and tell him to hurry up. He reported they do not assist him to wash his face, and he has to wheel himself in his wheelchair to the dining room. Review of Resident #5's 1823 (Health Assessment) dated 11/1/15 revealed a Health Care Provider Order for: "24-hour care with transfers", assistance with ambulation, bathing, dressing, toileting and transferring."

Nurse Staff H reported during interview on 11/1/15 at 12:10 p.m., that she was not aware of resident's concerns.

2. Resident #6 reported during an interview on 11/1/15, he is still being interrupted at night by his roommate yelling out. He reported the issue of his lack of sleep has not improved since 2015. He said Staff H is aware of this, and he has reported his lack of sleep to the night nurse many times.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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In an interview with Nurse Staff H on 11/1/15 at 2:00 p.m., she said she was not aware that the resident was not sleeping at night due to his yelling out. She reported the resident's had received a 45 day notice for discharge due to his need for higher level of care. Class III		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on 17, 2015 by representative(s) of this office.

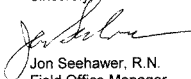
Attached is the provider's copy of the State (5000-3547) Form, which indicates uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. All deficiencies shall be corrected no later than , 2015.

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(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,



Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

YOSF

