STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963817	11/17/2015
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 Complaint Survey, CCR #2015010817 was conducted on / and / at Tuscany Villa of Naples, an assisted living facility in Naples, Florida.

The complaint contained 3 allegations, of which 1 was substantiated with deficiencies.

The following is description of the deficiencies.

0054 Medication - Records

Based on record reviews and interviews, the facility failed to maintain the Medication Observation Record (MOR) for 16 of 23 sampled residents. The facility failed to list known and name and telephone number of the each resident's health care provider for 5 residents (#16, #21, #22, #26, #38). The facility failed to chart missed doses of medications and reason for 6 residents (#12, #13, #29, #30, #37, #40). The facility staff failed to chart resident medications correctly on the MOR for 5 residents (#6, #15, #28,# 25, #39).

The findings included:

1. Handwritten MOR by facility staff for Residents #16, #21, #22, #26, and #38 did not list any known for the residents or the name and phone number of resident's health care provider.

In an interview on / at 11:00 a.m., Nurse Staff H reported she was not aware the required information was missing from handwritten MORs.

2. Resident #29 was prescribed (a) 15 mg (milligram), take 1 tablet by mouth every evening. The MOR indicated the medication was not given on /. No reason for the omission was charted.

3. Resident # 40 was prescribed (medication) 5 mg, take 1 tablet by mouth daily at 8:00 a.m. The MOR indicated the medication was not given on / /. No reason for the omission was charted.

4. Resident # 30 was prescribed the following medications to be given at 8:00 a.m., daily: 81 mg, 1 tablet; Cerefolin tab (dietary management) 1 tablet; (pain medication) 1 tab; (for) 0.4 mg, 1 capsule; and Rainbow light Men's , 1 tab daily. The MOR indicated the medications were not given on /. No reason for the omissions was charted.

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5. Resident # 37 was prescribed (inhaler) use 1 vial in every evening at 4:00 p.m. for . The MOR indicated the medication was not given on , , , and . No reason for the omissions was charted. The resident was prescribed -S (for constpation) take 2 tablets by mouth daily at bedtime at 10:00 p.m. The MOR indicated the medication was not given on and . No reason for the omissions was charted.

6. Resident # 12 was prescribed ( ) Gel 2% , apply to twice daily at 8:00 a.m. and 5:00 p.m. The MOR for indicated the medication was not applied from through . On , the reason for the omission was "not available." No reason for the other omissions was charted. The MOR for indicated the medication was not applied on through . On , the reason was charted as "not available." No reason for the other omissions was charted.

In an interview with Staff A on at 1:30 p.m., she said the nurse was notified.

7. Resident #13 was prescribed (medication) 40 mg, take 1 tablet by mouth every night at bedtime. The MOR indicated the medication was not given from through , and through . No reason for the omissions was charted.

In an interview with Staff F on at 1:00 p.m., she said she was not aware of these issues.

8. Resident #28 was prescribed Extra Strength, take 1 tablet every 6 hours as needed for pain. The medication was given on and charted on the MOR as . The medication documentation continued with wrong dates on the MOR through .

9. Resident # 25 was prescribed (anti) 0.25 mg, take 1 tablet by mouth every 6 hours as needed for . The medication was given on , and charted on the MOR as . The medication documentation continued with wrong dates through , except for the medication was charted correctly.

10. Resident #39 was prescribed tab 325 mg, take 1 tablet by mouth every 6 hours as needed for pain. The medication was given on , and charted on the MOR as . The medication documentation continued with wrong dates through .
The resident was prescribed Fiorocet (pain med), take 1 tablet by mouth as needed every 12 hours for pain. The medication was given on and charted on the MOR as ; given on and charted on MOR as .

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11. Resident #15 was prescribed Robafen (syrup), take 2 teaspoonful by mouth every 4 hours as needed for . The medication was given on , and charted on the MOR as and .

12. Resident # 6 prescribed (anti), take 1 tablet by mouth twice daily as needed for . The medication was given on , and was charted on the MOR as . The medication documentation continued with the wrong dates through .

In an interview with Staff H on at 2:00 p.m., she reported she was not aware medications were not charted on MOR correctly.

Class III

0056 Medication - Labeling and Orders

Based on record reviews and interview, the facility failed to have Health Care Provider order clarification for reason for PRN (as needed) medications for 5 Residents (#32, #23,# 22, #34, and #27) out of 23 residents sampled.

The findings include:

1. Resident #32 was prescribed Voltaren (pain med) Gel 1% -apply to affected area to joint 3 times daily. The affected joint was not specified.

2. Resident #23 was prescribed (anti med) 5 mg, take 1 tablet by mouth every day as needed for spasms. The order did not clarify "spasms".

3. Resident #22 was prescribed (med) 25 mg, take 1 tablet by mouth every 4 hours as needed for hallucinations. The order did not clarify "hallucinations".

4. Resident #34 was prescribed (to treat or) cap 5-2.5, take 1 capsule by mouth every 6 hours for . The order did not clarify " ".

5 .Resident #27 was prescribed moist mouth spray - use 2 sprays every 4 hours as needed for Zerostoma. The order did not clarify "Zerostoma".

Staff H reported on at 12:30 p.m., the Med techs assist the residents with self administration of medications.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015010817

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) 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(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

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida