STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963817	02/25/2016
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 Relicensure and Limited Nursing Service survey was conducted through at Tuscany Villa of Naples, an Assisted Living Facility in Naples, Florida.

The following is description of the deficiencies found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on record review of residents who have half side rails, observations, residents and staff interviews, the facility failed to ensure 2 (Residents #6 and #13) of 2 residents had physician orders for their half side rails on their beds. The facility also failed to ensure control practices were in place for the use of glucose monitoring devices throughout the facility.

The findings included:

1. Observation on at 9:55 a.m. showed Resident #6 has half side rails on both sides of his bed. At the time of this observation he stated he uses these side rails because he does not want to out of bed. A review of his record showed there was no physician order for these half side rails.

An interview was conducted with the Director of Nursing (DON) on at 11:20 a.m. She looked through Resident #6's record and confirmed she could not find this physician order. She stated she will call hospice to obtain this order and place it in Resident #6's record.

2. Observation on at 10:30 a.m. showed Resident #13 has half rails located on both sides of her bed. During this observation she stated she uses these side rails because she has in the past. A review of Resident #13's record showed there was no physician order for these half side rails.

An interview was conducted with the DON on at 11:10 a.m. She stated she will obtain a physician order of these side rails for Resident #13.

3. Observation on of Staff H performing glucose monitoring on Resident #17. Staff H said they use the same device for all residents receiving glucose testing and they wipe it down with an wipe after each resident use.

Review of the facility policy for glucose monitoring revealed that it states that if the device used must be cleaned and with a bleach preparation 1 part bleach to 10 parts water or an approved designated cleaner and not to use .

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Review of the literature for the monitoring device found that the device is manufactured to be used by one person only and the device is to be cleaned with and bleach should not be used.

During an interview with the DON on at 10:5 a.m., she was made aware of the issue that the device was not being cleaned appropriately by staff to prevent the spread of per the facility's policy and the glucose monitoring and lancing device are manufactured for one person use only. She reviewed the literature and said she was not aware that the device is only for single person use and she will call to get more devices or multi-person device and educate the staff on proper cleaning of the devices.

Class III

0081 Training - Staff In-Service

Based on personnel records reviewed and staff interview, the facility failed to ensure 2 (Staff E and G) of 6 employees had their required training within 30 days of being hired.

The findings included:

1. A review of Staff E's personnel record showed she was hired on . A review of her training on Elopement Response showed there was a quiz in her personnel file with no date and no name on this quiz.

An interview was conducted with the Human Resource staff on at 10:20 a.m. She reviewed this quiz and confirmed there was no name on who completed this quiz and no date of when it was completed.

2. A review of Staff G's personnel record showed he was hired on . A review of his training certificate for Incident Reporting showed it was completed on . This training was conducted past his 30 days of being hired.

An interview was conducted with the Human Resource staff on at 10:20 a.m. She reviewed this documentation and confirmed Staff G had this training past his 30 days of hire.

Class III

0090 Training -

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

Based on personnel records reviewed and staff interview, the facility failed to ensure 1 (Staff G) of 6 employees training was completed within 30 days of hire.

The findings included:

A review of Staff G's personnel record showed he was hired on . . . . A review of his training for Order was completed on .

An interview was conducted with the human resource staff on . . / . at 10:20 a.m. She reviewed Staff G's training and confirmed it was completed past his 30 days of hire.

Class

0091 Training - Documentation & Monitoring

Based on five of six personnel records reviewed and staff interview, the facility failed to document the number of hours of each training session and the trainee's name, signature and credentials for each training session for Staff B, C, D, E, and G.

The findings included:

A review of Staff B, C, D, E and G's personnel records showed certificates of their training in several different subjects. These certificates did not show the length of time of each of these training sessions. The certificates also did not show the trainer's name, signature, and credentials to ensure they were able to conduct these training sessions.

An interview was conducted with the human resource staff on at 110:30 a.m. She stated she did most of these trainings. She is Assisted Living Facility Core trained. She was not aware this information is required to be documented on these trainings.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on 2016 by representatives 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 , 2016.** 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

for Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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Phone:(239) 335-1315; Fax:(239) 338-2372
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