STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964914	**04/04/2017**
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)

0000 - Initial Comments

An unannounced Relicensure and Extended Congregate Care survey was conducted on and at Carlisle of Naples, an assisted living facility (license #9408) in Naples, Florida.

The following is description of the deficiencies.

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and staff interview the facility failed to maintain personnel records for each staff member for 1 (Staff D) out of 4 employee records reviewed.

The findings included:

On at 2:50 p.m., Staff E said the Registered Nurse (RN) who works on the Extended Congregate Care (ECC) monthly assessments is Staff D. Staff E said Staff D was not hired through an agency but was independently contacted. Staff E said they did not have an employee file for Staff D.

On at 3:15 p.m., Staff D said she is not the ECC supervisor. She said her duties are to complete monthly assessments on the ECC residents and is in the facility 1-2 times per month. She said she contracts directly with the facility and was not hired through an agency. Staff D said she does not have ECC training and was told she did not need it. She said she had no conversation with Human Resources here but had been working with the former Director of Assisted Living. Staff E said she has no contract and has no job description, her only responsibility was to sign off on the monthly assessments.

On at 12:00 p.m., the Executive Director said he thought Staff D had been hired through an agency and would work on getting an employee file for Staff D.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and staff interview the facility failed to ensure a weight record is initiated on admission and recorded semi-annually thereafter for 2 (Resident #6 and #7) of 2 resident records reviewed.

The findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964914	04/04/2017
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)

1. Review of resident record for Resident #6 revealed Resident #6 was admitted to the assisted living facility on . There were no weights recorded in the resident's record.

2. Review of resident record for Resident #7 revealed Resident #7 was admitted to the assisted living facility on . There were no weights recorded in the resident's record.

3. On at 10:15 a.m., Staff C verified there were no weight checks on file for Resident #6 and Resident #7 He indicated that he would have the residents weighed.

Class III

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on record review and staff interview the facility failed to ensure resident receiving Extended Congregate Care Services (ECC) have a written service plan within 14 days of receiving services and that is reviewed and updated quarterly for 4 (Residents #14, #15, #16, and # 17) of 12 ECC resident records reviewed.

The findings included:

1. Review of ECC file for Resident #14 revealed Resident #14 has been receiving ECC services to apply compression stocking to lower extremities on in the morning off in the evening for over 6 months. Service plan was in the file, however service plan had no date was on the form.

2. Review of ECC file for Resident #15 revealed Resident #15 has been receiving ECC services for open toed compression stocking to both lower extremities apply in the morning and remove in the evening for over 6 months. There was no service plan in the file.

3. Review of ECC file for Resident #16 revealed Resident #16 has been receiving ECC services for at 2L per minute as needed for resident comfort and right arm compression sleeve on in the morning off in the evening. There was no service plan in the file.

4. Review of ECC file for Resident #17 revealed Resident #17 has been receiving ECC services for compression stockings thigh high on in the morning off in the evening for over 6 months. There was no service plan in the file.

5. On at 2:50 p.m., Staff C said they could print off missing service plans, however, they would not have a date or signature on them and agreed this would have to be addressed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964914	**04/04/2017**
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)

Class III