

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964914	(X3) DATE SURVEY COMPLETED 12/26/2017
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 extended congregate care (ECC) monitoring survey was conducted on _____ at Carlisle, an assisted living facility, (license # AL9408) in Naples, Florida. The following is description of the deficiency. E210 - ECC - Training - 58A-5.0191(7) FAC Based on record review and staff interview the facility failed to provide 2 hour extended congregate care (ECC) training to 2 (Staff A and B) of the 4 employee records reviewed. The findings included: _____ employ record review of staff A, a medication aid in the facility, showed no 2-hour training in ECC. Staff A has been employed by the facility for more than 6 months. _____ employee record review of staff B, a Licensed Practical Nurse taking care of ECC residents, had no 2-hour training in ECC care. Staff B has been employed by the facility for more than 6 months. During an interview on _____ at 1:30 p.m., the Nursing Consultant said he did not realize that every employee in the facility had to have ECC training. He acknowledged that neither staff A nor B had their 2-hour ECC training on file. Class III		