STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963817	**12/19/2017**
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)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and staff interview, the facility failed to ensure 2 (Staff C and D) of 5 staff records reviewed were included on the facility roster pursuant to chapter 435. This has the potential for staff with disqualifying offenses to have access to adults.

The findings included:

Record review noted that Staff C, Certified Nursing Assistant and Medication Technician, was hired on . On , review of the background screening website noted Staff C did not appear on the facilities current employee roster.

Record review noted the Staff D, Practical Nurse, was hired on . On review of the background screening website noted Staff D did not appear on the facilities current employee roster.

A print out copy of facility's Agency's Background Screening Clearinghouse was requested. The business office manger provided a copy of current roster. Neither employee was included on the roster provided.

On at 9:57 a.m. the business office manager was asked if that was a complete list. The business office manager said, "yes."

The business office manager went to the background screening website on at 10:00 a.m. and confirmed that indeed both staff were not included on the current roster.

Unclassified

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0000 - Initial Comments

An unannounced re-licensure and Limited Nursing Services survey was conducted from through at Tuscany Villa of Naples, an assisted living facility (license #5522) in Naples, Florida.

The following is description of the deficiencies.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and staff interview, the facility failed to notify the resident's health care provider regarding missed doses of medication for 5 (Resident #4, #13, #17, #18, and #19) residents out of 7 residents sampled.

The findings included:

1. During medication review on at 8:00 a.m. the following was observed :
Resident #13's medication ( ) 5 mg tablet once daily scheduled at 8:00 a.m. was not available.

Staff A reported on at 8:15 a.m., there was no medication available and she will tell the nurse.

2. Review of Medication Observation Record (MOR) for the following residents revealed:
Resident #13's medication (medication) 112 mcg tab , 1 tablet by mouth once daily at 6:00 a.m. was documented as "not available" on and .

Resident #18's medication ( ) 150 mg take 1 tablet by mouth once daily scheduled at 8:00 p.m., was documented by facility staff as "not available and not given" for 4 days on through .

Resident #19's medication ( ) 50 mg, take one tab by mouth at bedtime was documented by facility staff as "not available, not given" for 17 days, on through and through .

Resident #4's medication , 20 mg , take one tab by mouth once daily for - , ( ) scheduled 8:00 at a.m., was documented by facility staff as: "not available, not given" for 8 days on dates through . Resident #4's medication XR ( ) 75 mg, take one tablet by mouth twice daily for , scheduled 8:00 a.m. and

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8:00 p.m. medication documented by facility staff as: " not available not given" for 10 days on dates through .

Resident # 17's medication l caps Areds -Occuvite (eye), take one tab by mouth daily scheduled 8:00 a.m. Medication documented by facility staff as: " not given, not available" for 7 days on dates . Resident 17's medication (relieves chest) 600 mg ER, take one tab by mouth every 12 hours for 14 days, scheduled 8:00 a.m. and 8:00 p.m. charted by facility staff as: "not available waiting on pharmacy delivery, nurse aware" for 2 days on and and 1 day on . Resident 17's medication HFA (inhaler) 90 mcg inhale 2 puffs every 4 hours while awake, scheduled 8:00 a.m., 12:00 p.m., 4:00 p.m., 8:00 p.m. charted by facility staff as "not given, not available" for 2 days on and .

3. Staff G reported on at 11:30 a.m. he was not aware the residents were not receiving their medications.

There was no indication in the facility files that the resident's health care providers were notified of the missed medication dosages.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and staff interview, the facility failed to store discontinued non-medications in a secured locked area.

The findings included:

During tour of facility on a large amount of non medications was observed in the 3rd floor medication a bin under the sink. The door to the medication open and the medicationss were visible under the sink.

During interview on at 10:00 a.m. Staff G reported the medications are destroyed monthly. He reported the medication is usually locked and he was not aware the medications needed to be secured and locked at all times.

Record review of facility the policy for discontinued medications revealed: " Store discontinued medications in the designated secure area for drugs awaiting destruction."

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Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on Record review and Interview, the facility failed to ensure prescriptions for 5 (Resident #4, #13, #17, #18, and #19) residents out of 7 residents sampled were refilled in a timely manner.

The findings included:

During medication review on at 8:00 a.m., the following was observed:
Resident #13's medication , (,) 5 mg tablet once daily scheduled at 8:00 a.m., was not available. Staff A reported on at 8:15 a.m., there was no medication available and she will tell the nurse.

Review of Medication Observation Record (MOR) for the following residents revealed:

Resident #13's medication (medication) 112 mcg tab , 1 tablet by mouth once daily at 6:00 a.m. was documented as "not available" on and .

Resident #18's medication (,)150 mg take 1 tablet by mouth once daily scheduled at 8:00 p.m. was documented by facility staff as "not available and not given" for 4 days on through .

Resident #19's medication (,) 50 mg, take one tab by mouth at bedtime was documented by facility staff as "not available, not given " for 17 days, on through and through .

Resident #4's medication , 20 mg, take one tab by mouth once daily for - , ( ) scheduled 8:00 a.m., was documented by facility staff as: "not available, not given" for 8 days on dates through . Resident #4's Medication XR (,) 75 mg, take one tablet by mouth twice daily for , , scheduled 8:00 a.m. and 8:00 p.m. Medication documented by facility staff as: "not available not given" for 10 days on dates through .

Resident #17's medication I caps Areds -Occuvite (eye), take one tab by mouth daily scheduled 8:00 a.m. medication documented by facility staff as: "not given, not available" for 7 days on dates . Resident #17's Medication (relieves chest) 600 mg ER, take one tab by mouth every 12 hours for 14 days, scheduled 8:00 a.m. and 8:00 p.m. medication

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charted by facility staff as: "not available waiting on pharmacy delivery, nurse aware" for 2 days on and and 1 day on . Resident #17's medication HFA (inhaler) 90 mcg inhale 2 puffs every 4 hours while awake, scheduled 8:00 a.m., 12:00 p.m., 4:00 p.m., 8:00 p.m. charted by facility staff as "not given, not available" for 2 days on and .

Staff G reported on at 11:30 a.m., he was not aware the residents were not receiving their medications and medications should be refilled without running out of medication.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record reviewed and staff interview the facility's administrator failed to ensure proof of high school or GED diploma.

The findings included:

Record review for facility's administrator (hired) found no documentation of a high school diploma or GED.

During an interview on at 1:00 p.m. the administrator he had a university diploma. He also said his high school diploma is in New York and he will request it be sent to him.

Class

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and staff interview facility failed to ensure that freedom of ( ) was documented on an annual basis for 1 (Staff C) out of 5 records reviewed.

The findings included:

Record review for staff C, Certified Nursing Assistant and Medication technician, found he was hired on .

Further review found an employee health screening and negative test that was dated and expired on .

During an interview on at 2:00 p.m. the administrator acknowledged the lack of negative

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documentation for staff C.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record reviewed and staff interview facility failed to ensure completion of / (/) training for 2 (Staff C and D) out of 5 staff record reviewed.

The findings included:

Record review revealed Staff C, caregiver and Medication technician, was hired on and Staff D, practical nurse, was hired on .

Further review found no documentation of completion of / training as is required.

On at 2:30 p.m. the administrator acknowledged the lack of training

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record reviewed and staff interview facility failed to ensure that employee records included completed certificates for trainings provided to 2 (Staff C and D) out of 3 staff record reviewed.

The findings included:

1. Record review revealed that Staff C, Certified Nursing Assistant and Medication Technician, was hired on .

Record review for staff C found an elopement training dated . Incident reporting training dated . Recognizing , neglect and training dated .

Record review for staff C found no certificates on record for trainings mentioned above. The regulatory requirement is that certificates include trainer's name, dates of participation, and location of the training program, the trainers dated signature and credentials and professional license when applicable.

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2. Record review for staff D, Practical Nurse, found she was hired on .

Record review for staff D found a resident rights training dated and Do not Resistant order training dated .

Record review for staff D found no certificates on record for trainings mentioned above. Regulatory requirement is that certificates include trainer's name, dates of participation, and location of the training program, the trainers dated signature and credentials and professional license when applicable.

3. On at 2:30 p.m.the administrator acknowledged the lack of documentation.

Class

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a safe living environment free from hazards for the residents.

The findings included:

During tour of facility on at 10:00 a.m. the following was observed:
1. first floor hallway rug with multiple stains.
2. reddish brown stains on cabinet door in med third floor.
3. stain on first floor hallway ceiling
4. stains on counter next to sink in med
. stains on 3rd floor med .
6. additional stains on 3rd floor med .
7. Bin under sink in 3rd floor med large amount of non- medications to be destroyed.
8. 3rd floor med with stains.
9. open clear trash bag with used yellow gowns and gloves in hallway outside (precaution).
10. stain on wall outside .
11. stain on wall outside .

There also was a strong odor of noted in Resident #11's .

During interview on at 1:00 p.m., Staff H reported the stains in the hallway rugs are difficult to

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remove. He reported the stains noted on the 3rd floor med were new stains and the floor was cleaned the previous week.

During Interview on at 2:30 p.m., Staff E reported the med has not been cleaned for over 1 month.

Class III

photographic evidence on file