STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963817	02/19/2018
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 for CCR #2017015768 was conducted on at Tuscany Villa Of Naples, an assisted living facility (license #5522) in Naples, Florida.

The following is a description of the deficiency.

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

Based on record review and staff and resident interviews, the facility failed to maintain 2 (Residents #22 and #25) of 3 residents' records by showing the facility followed the physician orders for the residents to receive physical and occupational and any changes in their treatments due to several .

The findings included:

1. A review of Resident #22's health assessment (1823) dated showed he has a decline in memory and needs physical for gait strengthening. On an Individual Service Plan showed he is a risk and precautions were put in place. One of the precautions was to have physical and occupation evaluate him. A review of the incident/accident log showed he had several . He had three on , one on , one on , one on , and one on . A review of Resident #22's "Resident service notes" showed on the nurse notified his doctor informing him Resident #22 three times that day and request further interventions. The doctor ordered a consult on . Resident #22 saw a neurologist on and the neurologist ordered physical evaluation. A review of Resident #22's record showed on a physical had seen Resident #22 for an evaluation. However, there was no mention if Resident #22 was going to receive physical or not.

On at 3:00 p.m. The Director Of Nursing reviewed Resident #22's record. He said the physical had seen Resident #22 more than once. He continued to review Resident #22's record and confirmed there was no more documentation showing he received physical for strengthening to decrease his .

2. A review of the facility incident/accident log showed Resident #25 had on , , , , , and . On , the doctor ordered home health with physical and occupation evaluations. A review of Resident #25's record showed a nurse from a home health agency came to the facility on , evaluated Resident #25, and admitted him for physical and occupational . Further review of Resident #25's record showed there was no record of physical

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and occupational .

On at 3:40 p.m., interviews were conducted with Resident #25 and his wife (she also lives in the facility). They both said he has not had any physical or occupational .

On at 3:55 p.m., The Director Of Nursing reviewed Resident #25's record and confirmed there was no record showing he has had any physical and occupational .

Class III