

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963817	(X3) DATE SURVEY COMPLETED 02/13/2019
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#2018016969 was conducted on _____ at Tuscany Villa of Naples, an assisted living facility (license #5522) in Naples, Florida.

The complaint contained one allegation which was substantiated.

The following is a description of the deficiency.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28() FS 429.27

Based on record review, observation and resident and staff interviews, the facility failed to provide adequate and appropriate health care for 2 (Resident #1 and #2) out of 2 residents sampled for _____ control standards of care.

The findings included:

1. Resident #1 was discharged from the facility. Review of the clinical record revealed that the resident had a _____ for her entire residency at the facility. On _____ at 4:00 p.m., Certified Nursing Assistant (CNA) Staff B said she frequently took care of the resident on the evening shift. When asked if the resident wore a _____ bag for _____ drainage, CNA Staff B said, "yes." She said she removed the _____ bag and applied a _____ drainage bag when the resident went to bed at night. When asked if she used an _____ wipe to _____ the tube connection site before disconnecting the _____ bag, CNA/Staff B said, "no." She also said that she rinsed the _____ bag with water and hung it in the bathroom.

Facility policy/procedure entitled "_____ and Drainage Bag Care", dated _____ (revision) states, "8. Maintain a closed drainage system. If the system must be opened, _____ (e.g. with an _____ wipe) the _____ tube junction before disconnection."

During an interview on _____ at 4:15 p.m., the Director of Nursing acknowledged the facility policy/procedure was not followed and the procedure was not specific relating to changing from a daytime _____ bag to a "cystoflow" bag at night.

2. Review of Resident #2's clinical record on _____, revealed a history of _____ since admission. Resident #2 was observed sitting on a _____ in her bathtub on _____ at 10:40 a.m. She said she was waiting for someone to come and help her take a shower. Her _____ drainage bag was lying on the bathroom floor next to the shower stall. CNA/Staff A came into the

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/19/2019
FORM APPROVED

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resident's room to shower the resident. The CNA was observed kicking the _____ drainage bag with her _____ to move it and was also observed stepping on the _____ drainage bag twice. This was reported to the Resident Service Director who was outside of the resident's room. The resident stated at this time, "this _____ has to be removed, I think I have another _____." During an interview on _____ at 2:00 p.m., CNA/Staff A said she made a mistake and should have removed the resident's _____ drainage bag from the floor. When asked where she would put the bag during the shower, she said she usually hangs it from the shower _____. When asked if that location was below the level of the resident's _____, CNA/Staff A said she did not know it had to be. Facility policy/procedure entitled "_____ and Drainage Bag Care", dated _____ (revision) states "6. Do not allow the _____ bag (cystoflow bag at night, _____ bag during the day), tubing, or spigot to touch the floor." 15. Keep the collection bag below the level of the _____." During an interview on _____ at 2:15 p.m., the Director of Nursing acknowledged that the shower area needed a hook to be installed to hang the _____ drainage bag at the level of the resident's _____. Class III		