STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105396	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chateau at Moorings Park, The	130 Moorings Park Drive Naples, FL 34105

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41837 Based on interviews and record review the facility failed to reassess the effectiveness of the interventions and revise the care plan to meet the needs of the resident for 2 (Residents #7 and #36) of 4 resident sampled for falls and accidents. The findings included: Review of the facility's policy titled, Fall Interventions with an effective date of 08/2003 included in part the following: 7. The care plan interventions are reviewed and revised accordingly to help minimize the risk of a recurring fall or fall with injury. 8. The Falling Star program includes: any residents that have fallen twice in a month or two consecutive months in a row; any resident may be added to the program at the discretion of the interdisciplinary team. They will be identified by: a. Placing a star on the resident's name plate outside their room b. Placing a star on their walker, wheelchair or any other assistive device c. Any resident remaining free from falls for 90 days may be removed from the program. 9. Falls will be discussed at the interdisciplinary team daily in the Morning Meeting and weekly at the Standards of Care Committee. Record review for Resident #7 revealed the resident was admitted to the facility on [DATE] with diagnoses that included in part the following: Unspecified Dementia, Type 2 Diabetes, and Muscle Weakness. Review of the Quarterly Minimum Data Set (MDS) for Resident #7 with a target date of 1/6/25 documented in Section C a Brief Interview of Mental Status (BIMS) score of 6 indicating severe cognitive impairment. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #7's care plan effective from 8/31/18 to present with an active (current) problem of Resident needs assist with ADLs (activities of daily living) r/t (related to) diagnosis of Dementia and decreased mobility. Potential for falls r/t hx (history) of falls and medication side effects of Psychotropic drug use, vision impairment 01/01/21/25 fall in room - no injuries. At risk for impaired communication r/t hearing loss, resident's daughter not fixing hearing aides at this time - per nursing. The goal was for the resident to have no serious injury r/t falls with goal date of 05/03/25. The interventions included the following: Fall risk, Fall precautions, Falling Star, Frequent safety checks, independent with mobility risk of fall/injury, keep areas free of obstructions to reduce the risk of falls or serious injury, verbal reminders to call/ask for assist if dizzy to avoid falls and or serious injury, monitor for side effects of psychotropic drug use (all interventions listed as active (current) with no date when added to care plan. Review of the facility fall log from 7/01/24 to 1/25/25 documented Resident #7 had the following falls: On 9/7/24 fall no injury. On 9/8/24 fall no injury. On 11/6/24 fall no injury. On 12/24/24 fall no injury. On 1/21/25 fall no injury. During an interview conducted on 1/29/25 at 3:30 p.m., with the Director of Nursing (DON) who was asked about falls for Resident #7, the DON stated the resident had a fall risk assessment on 7/6/24 which indicated the resident was a high risk for falls. The DON stated on 9/7/24 Resident #7 had an unwitnessed fall, slid from her recliner with no injury reported. Physician and family notified no diagnostic ordered. On 9/8/24 Resident #7 had a fall from her bed not witnessed with no injuries physician and family notified no orders received. On 11/6/24 Resident #7 had an unwitnessed fall when she slid out of couch in her room with no injuries, physician and family notified no orders received. On 12/24/24 Resident #7 had an unwitnessed fall in her bathroom with no injuries, family and physician notified, no orders received. On 1/21/25 Resident #7 had an unwitnessed fall, found next to bed with no injuries, family and physician notified no orders received. The DON was asked about the care plan for Resident #7 and what interventions were implemented each time the resident had a fall, she acknowledged she could not see any dates associated with the interventions and would have Minimum Data Set (MDS) Coordinator pull the care plans. During an interview conducted on 1/30/25 at 1:00 p.m., with Staff C MDS Coordinator who stated she has worked at the facility for about two years. When asked about Resident #7's fall care plan, she stated every time the resident has a fall they add the fall information and date to the care plan problem. When resident has a fall, they do a risk management assessment and if they determine an intervention should be added they will add the intervention. She stated that when a resident has a fall the MDS Coordinator, the Assistant Director of Nursing (ADON) or the DON can put in an intervention into the care plan. They also have standards of care (meeting) on Fridays to review falls for the previous week and they review the interventions and can put in additional interventions as appropriate. She acknowledged the fall interventions were not updated each time Resident #7 had a fall. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review for Resident #36 revealed the resident was admitted to the facility on [DATE] with diagnoses that included in part the following: Alzheimer's Disease with Late Onset and Anxiety Disorder. Review of the Significant Change in Status MDS for Resident #36 with a target date of 12/30/24 documented in Section C a BIMS was not performed due to the resident is rarely/never understood. Review of Resident #36's care plan effective 11/8/24 to present with an active (current) problem of the resident requires assist with ADLs due to impaired mobility following s/p (status post) hospitalization for syncope (a temporary loss of consciousness, commonly known as fainting or passing out). Potential for pain d/t (due to) decreased mobility. Potential for falls d/t weakness and medication side effects. Potential for skin breakdown d/t medication side effects and decreased mobility. The goal was for the resident to be free from injury with a goal date of 02/08/25. The interventions included Fall risk, Frequent checks, and Falling star. All interventions were active (current) with no date when they were added to the care plan. Review of the facility fall log from 7/1/24 to 1/25/25 documented Resident #36 had the following falls: On 11/23/24 fall with injury. On 12/14/24 fall. On 12/22/24 fall. On 12/23/24 fall. On 1/26/25 fall with injury. During an interview conducted on 1/29/25 at 3:40 p.m., with the DON who was asked about the falls for Resident #36, the DON stated the resident had a fall risk assessment completed on 11/7/24 which indicated she was a very high risk for falls. On 11/23/24 she fell on floor next to bed, unwitnessed, resident complained of right should right knee pain. The physician and family were notified, x-rays were ordered and were negative. Resident was treated for pain. On 12/14/24 the resident had an unwitnessed fall found on floor next to bed no apparent injuries. Family and physician were notified, no orders received. On 12/22/24 the resident had an unwitnessed fall. She was found kneeling next to bed. The resident stated she lost her balance, no injuries. Family, physician and hospice services were notified. No orders received. On 12/23/24 resident had fallen from bed unwitnessed with bruising to both knees and skin tears. Family, physician and hospice were notified. Orders received for treatment to skin tears to bilateral lower extremities. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 1/26/25 resident had an unwitnessed fall. She was observed on floor in her room. She sustained skin tears to the right knee and right shin. Family, physician and hospice were notified. Hospice came to evaluate resident and gave treatment orders for skin tears. The DON was asked about the care plan for Resident #36 and what interventions were implemented each time the resident had a fall. She acknowledged she could not see any dates associated with the interventions and would have the Minimum Data Set (MDS) Coordinator pull the care plans. During an interview conducted on 1/30/25 at 1:20 p.m., with Staff D MDS Coordinator, she was asked about the care plan for Resident #36, specifically the interventions added or updated in relation to the residents falls. Staff D MDS Coordinator stated the interventions were not updated in the care plan each time the resident had a fall and was not able to see the dates when the current interventions for falls were added to the care plan.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41837 Based on observation, record review, resident and staff interviews, the facility failed to ensure all medications are secured at all times for 1 (Resident #35) of 17 sampled residents. The findings included: Review of the facility's policy titled, Medications -Central Storage of with an effective date of [DATE] included in part the following: All medication for which the facility is responsible for administering or providing assistance are labeled with the resident's name and the manufacturers label with directions for use kept with the medications. The resident may self-administer medications unless the health assessment or physician's orders specifically requires medications to be administered. Self-administered medications that the resident utilizes may be stored by the resident in his/her own room. Record review for Resident #35 revealed the resident was admitted to the facility on [DATE] with the diagnoses in part as follows: Influenza Due to Identified Novel Influenza A with Pneumonia, Acute Bronchitis due to Hemophilus Influenzae, Influenza due to other identified Influenza Virus with other Respiratory Manifestations, Atrial Fibrillation, Gastro-esophageal Reflux Disease with Esophagitis, Pain, Edema, Disorder of Lipoprotein Metabolism, Insomnia, Chronic Systolic (Congestive) Heart Failure, Retention of Urine, Essential (Primary) Hypertension, Heart Failure, Nausea, and Hyperkalemia (a higher than normal level of potassium). Review of the Minimum Data Set for Resident #35 dated [DATE] documented in Section C a Brief Interview of Mental Status score of 15 indicating a cognitive response. Review of the Physician's Orders for Resident #35 revealed no order for self-administration of medications. Record review for Resident #35 revealed no assessment for self-administration of medications. Review of the Care Plan for Resident #35 revealed no care plan for self-administration of medications. On [DATE] at 10:52 a.m., an observation was conducted of Resident #35 sitting in chair in his room. Several over the counter medications were observed on the table next to the resident. During an interview conducted on [DATE] at 10:55 a.m., Resident #35 said some of the medications were his and some were for his wife. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 9:20 a.m., an observation was made of Resident #35 in his room with his wife and Staff B Registered Nurse (RN). On the table between the husband and wife were four over the counter medications (Vitamin D3 50,000 units, Saw Palmetto 450mg, Omega 3 Fish oil 1,200 mg, Motrin 200mg). On the table between the bed and an empty chair were 11 additional over the counter medications (Magnesium, Cold Crush, Hair Switch, Magnesium Glycinate, Golden Revive, ARNRA, Pro Dental, InflammaSelect, Saccharomyces boulardii, BacilloSpore Select and L-glutamine). On [DATE] at 9:20 a.m., in an interview Resident #35's wife said her husband took the four medications on the table and the other ones on the other table were hers. RN Staff B was present during the interview. During an interview conducted on [DATE] at 9:22 a.m., RN Staff B stated she has worked at the facility for two and a half years. She acknowledged Resident #35 had 15 unsecured medications at the bedside . RN Staff B said if residents are alert and oriented, some can have medications at the bedside and some cannot. When asked if the medications at the bedside should be locked/secured, she said if it is a narcotic, it needs to be locked up. When asked if it is not a narcotic does it need to be locked/secured, she stated it just needs to be in a drawer. She clarified the drawer does not need to be locked. When asked about Resident #35 having the medications at the bedside, she said the resident should have an order for the medications at the bedside. RN Staff B acknowledged there was no order for the resident to have medications at the bedside and also acknowledged the resident did not have any assessment to self-administer medications. RN Staff B acknowledged the resident did not have a physician's order for the medications that were at the bedside. During an interview conducted on [DATE] at 9:40 a.m., the Director of Nursing stated residents should not have medications at the bedside unless specifically assessed and able to administer their medications. If they are able to self administer their medications, the medications would be on the medication administration record (MAR). When asked, she said she was not sure if the medications stored at the bedside needed to be secured. During an interview conducted on [DATE] at 9:45 a.m., the Assistant Director of Nursing (ADON) stated all medications at the bedside should be in a locked box, not just put in a drawer. During in telephone interview conducted on [DATE] at 11:45 a.m., the Consultant Pharmacist for the facility stated medications should be secured at all times, unless in use.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 40153 Based on observations and staff interviews, the facility failed to store, prepare, distribute, and serve food according to professional standards for food service safety and sanitary conditions and to prevent foodborne illnesses for 2 of the 2 observations of the main kitchen. The findings included: A review of the National Serve Safe dated September 2012, titled Cleaning and Sanitizing Practices That Will Prevent Cross Contamination, showed the following: To prevent cross-contamination from surfaces, the correct cleaning solution and sanitizing procedures must be followed. Cross-contamination can occur when wiping clots are not stored in a sanitizer solution between uses, and the sanitizing solutions are not at the required levels to sanitize objects. https://www.servsafe.com/ServSafe/media/ServSafe/Documents/NFSEM_wk3_Actvy-Clean-Sanitize. In the initial visit to the main kitchen conducted on 1/27/25 at 9:30 a.m., the following were noted: 1.The Senior General Manager of Dining Services was observed in the food production area with no facial hair restraint. 2. The Director of dining was observed in the food production area with no facial hair restraint. 3. The Sous Chef was observed in the food production area with no facial hair restraint. 4. The facility's Clinical Dietitian was noted in the food production area, wearing a hair net. A large portion of the left side of her hair was out of the hair net, touching her shoulder. 5. A large container of granulated sugar was noted, and the scoop inside the bin touched the sugar particles. 6. A dirty used rag that was noted in a metal container and not in the designated red sanitation bucket. Six of seven red solution buckets were measured for the concentration of sanitizing solutions ranging from 0 (parts per million) to 400 parts per million. A normal range of solutions is noted between 100 parts per million to 400 parts per million. The first red bucket showed a range of 0 which indicated that it did not have effective sanitizer in the bucket and was not within guidelines. The second red bucket showed a range of 0, which indicated that it did not have effective sanitizer in it and was not within guidelines. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The third red bucket showed a range between 0 and 100, which indicated that it did not have the effective sanitizer in the bucket and was not within guidelines. The fourth red bucket showed a range of 100, which indicated that it did not have the effective sanitizer in the bucket and was not within guidelines. The fifth red bucket showed a range of 0, which indicated that it did not have the effective sanitizer in the bucket and was not within guidelines. The sixth red bucket showed a range of 0, which indicated that it did not have the effective sanitizer in the bucket and was not within guidelines. 8. A blue plastic personal bottle was noted in the food production area near a cutting board and a knife. 9. A metal container in the walk-in Refrigerator with pieces of raw fish dated 1/21/25 and a used-by date of 1/28/25. 10. A large metal container in the walk-in Refrigerator, with pieces of raw fish dated 1/21/25 and used by date of 2/2/25. 11. Staff A, Dietary Staff, was observed attempting to calibrate a facility's thermometer. When asked about acceptable ranges for the calibrated thermometer, she said she did not know. Another staff member stepped in and took over the calibration of the thermometer. In an observation conducted on 1/27/25 at 12:47 p.m., a large pink plastic personal cup with a straw was found on the food production counter in the pantry/satellite kitchen room near the Banyan dining room. In an observation conducted on 1/28/25 at 9:36 a.m., two undated Styrofoam round containers of ice cream were found in the kitchen area of the Banyan Wing C unit. In a follow-up visit to the main kitchen conducted on 1/29/25 at 11:22 a.m., during the lunch tray line, the following was noted: 12. The Senior General Manager of Dining Services was observed in the food production area with no facial hair restraint. 13. The Director of dining was observed in the food production area with no facial hair restraint. 14. Staff A was noted to wear a cloth hat that did not cover the back of her hair, and her ponytail was exposed in the back. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	15. Staff A was observed using a facility thermometer to take the temperature of a Chicken Salad Pecan on the tray line (taken from the walk-in Refrigerator) that was to be served for the lunch meal. She proceeded to take the temperature of the chicken salad without first calibrating the thermometer. The first reading showed 44.3 degrees Fahrenheit and not the necessary 40 degrees and below Fahrenheit. The Executive Chef moved the Chicken Salad Pecan to a smaller 4-inch metal container and placed it directly on an ice bath in the tray line. He proceeded to take the temperature of the chicken salad without first calibrating the thermometer. The second reading showed that the Chicken Salad was 46.3 degrees Fahrenheit and not the necessary 40 degrees and below Fahrenheit. In this observation, the Executive Chef said that he would pull another batch of Chicken Salad from the walk-in Refrigerator. 16. Continued observation of the lunch tray line showed Staff A using a facility thermometer to take the temperature of the Pureed Chicken Salad Pecan on the tray line (taken from the walk-in Refrigerator) that was to be served for the lunch meal. The reading showed 45.8 degrees Fahrenheit and not the necessary 40 degrees and below Fahrenheit.