Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967913	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

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CZ816	408.809(2a-c) 435.05(2) 59A-35.090(2d-3c Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ␣␣␣, to the Federal Bureau of Investigation for a national criminal history record check unless the person's ␣␣␣ are enrolled in the Federal Bureau of Investigation's national retained print ␣␣␣ notification program. If the ␣␣␣ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ␣␣␣ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ␣␣␣ to the Federal Bureau of Investigation for a national criminal history record check. The ␣␣␣ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print ␣␣␣ notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ␣␣␣. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or	CZ816		

AHCA Form 3020-0001

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

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CZ816	Continued From page 1 professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service	CZ816		

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CZ816	Continued From page 2 s/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by:	CZ816		

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CZ816	Continued From page 3 Based on record review and interview, the facility failed to maintain the signed Attestation in the employee's personnel file for 3 (Staff A, B, and C) of 4 personnel files reviewed for signed Attestation. The findings included: On ..... , a review of Staff A's employee file revealed a hire date of as a resident aide. Staff A's employee file failed to contain a signed Attestation. On , a review of Staff B's employee file revealed a hire date of ..... as a resident aide. Staff B's employee file failed to contain a signed Attestation. On ..... , a review of Staff C's employee file revealed a hire date of as a resident aide. Staff C's employee file failed to contain a signed Attestation. On at 1:45 p.m., the Manager said she will work on getting the employee files complete. Unclassified	CZ816		

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A 000	Initial Comments An unannounced relicensure survey was conducted [redacted] at Cape West, an assisted living facility in Cape Coral, Florida. This survey was done in conjunction with two revisit surveys. The following is description of the deficiencies.	A 000		
A 032	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of	A 032		

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A 032	Continued From page 1 at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(i), F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure staff participation and documentation of resident elopement drills on each shift twice annually in accordance with the facility Elopement Policy and Procedure.	A 032		

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A 032	Continued From page 2 The findings included: On [redacted] at 1:30 p.m., during review of facility records, it revealed documentation of an elopement drill on [redacted] of the [redacted] shift, there was no documentation of facility staff signatures to verify participation in the elopement drill, and no further documentation of elopement drills on any other shifts. Review of facility, Assisted Living Facility Elopement Policy and Procedure, procedure: 1. The Administrator and /or Administrator's designee will conduct an unannounced Missing Resident drill on each shift, twice annually. During interview on [redacted] at 2:00 p.m., the House Manager confirmed the documentation of an elopement drill dated [redacted] contained no staff signatures to verify staff participation for any of the shifts in the elopement drill. Class III	A 032		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of	A 054		

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A 054	Continued From page 3 medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure unlicensed persons who provide assistance with self-administration of medications do so in accordance with the procedures described in Florida Statute 429.256( ) and Rule 58A-50185(3). The findings included: Florida Statute 429.256(3) indicates in the presence of the resident, reading the medication label aloud, opening the container, and removing the prescribed amount of medicine from the container. Rule 58A-50185(3) further states trained staff must observe the resident take the medications. On at 9:00 a.m., a white ramekin cup was noted on the dining room table. The cup	A 054		

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A 054	Continued From page 4 contained an inhaler and a capsule. No one was seated at the table. A separate table was in the kitchen area of the home. At one of the empty seats was an empty red ramekin cup along with a spray bottle. At another empty seat at the kitchen table was a white ramekin cup. This cup contained 3 random pills. (photographic evidence obtained). Two residents were seated at the kitchen table and within reach of the unattended medications. Staff A (med tech) was not in continuous view of the medications at all times. On at 9:03 a.m., Staff A (med tech) said the meds were left there for the people still in their rooms. Staff A said she had the med tech training but did not elaborate further why proper procedure was not followed. Staff A then collected the medications and put them on the counter. When Resident #1 came to the dining room table for breakfast, Staff A brought the cup containing the medications to her but did not tell Resident #1 what the medications were, nor did she stay to watch the medications were taken. When Resident #3 came to the table for breakfast, Staff A brought the cup containing medications to her, but did not tell her what the medications were, nor did she watch to see the medications were taken. On at 9:24 a.m., Resident #1 said she receives assistance from the staff with her medications. She said they leave it on the table for her, and when she gets up, she takes it. On at 9:56 a.m., Resident #3 said she receives assistance from the staff with her medications. Resident #3 said in the morning, they will put her medication on the table because they know she will take it. She said when she comes out for breakfast it is waiting for her.	A 054		

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A 054	Continued From page 5 On at 2:30 p.m., the Manager agreed this was not the correct way to assist with self-administration of medications. Class III	A 054		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable	A 078		

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A 078	Continued From page 6 . . . . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that within 30 days of employment, newly hired staff submit a written statement from a health care provider documenting the individual does not have any	A 078		

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A 078	Continued From page 7 signs or symptoms of communicable for 2 (Staff A and B) of 4 staff reviewed for communicable statement and failed to ensure freedom from ( ) was documented annually for 2 (Administrator and Staff C) of 2 files reviewed for annual freedom from statement. The findings included: On , a review of the Administrator's file revealed a hire date of . The Administrator's file contained a statement from a doctor dated that he was free of communicable and a negative , dated . There was no further documentation beyond this date that Administrator was free from . On , a review of Staff A's employee file revealed a hire date of as a resident aide. Staff A's file contained no statement from a health care provider that she had no signs or symptoms of communicable including . On , a review of Staff B's employee file revealed a hire date of as a resident aide. Staff B's file contained no statement from a health care provider that she had no signs or symptoms of communicable including . On a review of Staff C's employee file revealed a hire date of as a resident aide. Staff C's file contained a statement from a doctor dated that he was free of communicable and a negative , dated . There was no further documentation beyond this date that the Administrator was free from .	A 078		

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A 078	Continued From page 8 On [redacted] at 2:30 p.m., the Manager said she would work on getting the employee files complete. Class III	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011([redacted]) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in in-service training relevant to their job duties as specified by agency rule of the agency. Topics covered during the preservice orientation are not required to be repeated during in-service training. A single certificate of completion that covers all required in-service training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously	A 081		

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A 081	Continued From page 9 completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including	A 081		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967913	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

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A 081	Continued From page 10 chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . ., neglect, and , . The facility must use its . . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by:	A 081		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967913	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

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A 081	Continued From page 11 Based on record review and staff interview, the facility failed to ensure facility employees complete the in-service training required by Florida Administrative Code within 30 days of employment for 3 (Staff A, B, and C) of 3 employee files reviewed. The facility also failed to provide at least a 2-hour preservice orientation prior to interacting with residents for 2 (Staff A and B) of 2 staff reviewed hired after . . . . . The findings included: On . . . . . , a review of Staff A's employee file revealed a hire date of as a resident aide. Staff A's file failed to contain documentation of having completed a preservice orientation, ... control training, Activities of Daily Living and Behavioral needs training, Elopement response training, Reporting Major Incidents/Adverse Incidents/Facility emergency procedures, Incident Report Training, Resident Rights and Recognizing/Reporting and Neglect training, and Nutrition and Safe Food Handling. On , a review of Staff B's employee file revealed a hire date of as a resident aide. Staff B's file failed to contain documentation of having completed a preservice orientation, control training, Activities of Daily Living and Behavioral needs training, Elopement response training, Reporting Major Incidents/Adverse Incidents/Facility emergency procedures, Incident Report Training, and Nutrition and Safe Food Handling. On . . . . . , a review of Staff C's employee file revealed a hire date of as a resident aide. Staff C's file failed to contain documentation of having completed 3 hours of Activities of Daily	A 081		

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	AL11967913	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

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A 081	Continued From page 12 Living and Behavioral needs training, Elopement response training, Incident Reporting training, and Nutrition and Safe Food Handling. On ... at 1:45 p.m., the Manager said she will work on getting the employee files complete. Class III	A 081		
A 082	59A-36.011(4) FAC Training - / (4) (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure facility employees complete a one-time education course on and (/) and maintain documentation of completion for 1 (Staff A) of 4 employee files reviewed for / training. The findings included: On , a review of Staff A's employee file revealed a hire date of as a resident aide. Staff A's employee file contained no	A 082		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967913	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

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A 082	Continued From page 13 documentation of having completed a course on / . On at 2:30 p.m., the Manager said she would work on getting the employee files complete. Class III	A 082		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a staff member who has completed courses in First Aid and	A 083		

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	AL11967913	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

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A 083	Continued From page 14 [illegible] ( ) and holds a currently valid card is in the facility at all times. The findings included: On at 9:00 a.m., Staff A (med tech) was observed to be the only staff member in the facility. Staff A said she had been there since 7:00 a.m. A review of Staff A's employee file failed to reveal a valid First Aid or card. On at 12:43 p.m., the Manager said Staff C (med tech) works the night shift and he works alone. A review of Staff C's employee file failed to reveal a valid First Aid or card. On at 2:30 p.m., the Manager admitted there had been times that no one on site would have had a valid, current First Aid or card. Class III	A 083		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of	A 084		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967913	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

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A 084	Continued From page 15 medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;	A 084		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967913	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

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A 084	Continued From page 16 e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the or manipulation of the site; and, n. Measurement of rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have	A 084		

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	AL11967913	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

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A 084	Continued From page 17 successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure unlicensed persons who provide assistance with self-administration of medications receive training to include demonstration of proper technique and ensure unlicensed staff can adequately demonstrate they have acquired the skill necessary to provide such assistance for 1 (Staff B) of 3 staff reviewed for medication training. The findings included: On . . . . . at 10:15 a.m., Staff B (med tech) said she assists the residents with self-administration of medications. On . . . . . , a review of Staff B's employee file revealed a hire date of as a resident aide. Staff B's file contained a document showing she completed 6 hours of online training in medication	A 084		

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	AL11967913	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

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A 084	Continued From page 18 assistance. On [redacted] at 12:05 p.m., Staff B said her med tech course was completely online. Staff B said there was no interaction with a person for demonstration and/or evaluation of what she had learned. On [redacted] at 2:40 p.m., the Manager said she would get the proper training for Staff B. Class III	A 084		
A 085	59A-36.011(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the person designated as responsible for the facility's food service obtained, annually, a minimum of 2 hours continuing education in topics pertinent to food service in an Assisted Living Facility (ALF).	A 085		

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	AL11967913	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

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A 085	Continued From page 19 The findings included: On at 10:45 a.m., Staff A (med tech) was observed preparing the lunch meal. A review of Staff A's employee file did not reveal a 2-hour training pertinent to food service in an ALF. On at 2:43 p.m., the Manager said she would be the person in charge of food service and the day-to-day supervision of food staff. The Manager said she does not have the 2- hour training and will need to get it. Class III	A 085		
A 090	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure facility employees complete at least one hour of training in the	A 090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967913	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 090	Continued From page 20 facility's policies and procedures regarding ( ) within 30 days after employment and maintain documentation of completion for 1 (Staff B) of 4 employee files reviewed. The findings included: On , a review of Staff A's employee file revealed a hire date of as a resident aide. Staff A's file contained no documentation of having completed an in service on . On , a review of Staff B's employee file revealed a hire date of as a resident aide. Staff B's file contained no documentation of having completed an in service on . On at 2:30 p.m., the Manager said she would work on getting the employee files complete. Class III	A 090		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967913	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 152	Continued From page 21 supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain facility building equipment in a safe manner that is in good repair. This poses the potential of a hazard to the residents. The findings included: On at 9:25 a.m., during the tour of the facility, room across the hall from room # AB revealed the air conditioning (AC) unit leaking water into a large container filled with water splashing everywhere, including the floor of the	A 152		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967913	A. BUILDING: _____ B. WING _____	09/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

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A 152	Continued From page 22 room, not just into the bucket. On [redacted] at 11:48 a.m., in an interview with the House Manager, she said the AC unit has been leaking for [redacted] days, she confirmed the water is splashing everywhere not just in the bucket , and confirmed it could be a [redacted] hazard to the residents if the water comes into the hallway. Class III *Photographic evidence obtained*	A 152		