

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967913	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 09/29/2020
NAME OF PROVIDER OR SUPPLIER CAPE WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 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 000}	Initial Comments An unannounced revisit survey was conducted on _____ at Cape West, an assisted living facility in Cape Coral, Florida. This was a follow-up to the capacity increase and focused _____ control survey completed on _____ and done in conjunction with a revisit to a complaint survey and relicensure survey. The following is a description of the deficiency.	{A 000}			
{A 151}	59A-36.014(2) FAC Physical Plant - Existing Facilities (2) EXISTING FACILITIES. (a) An assisted living facility must comply with the rule or building code in effect at the time of initial licensure, as well as the rule or building code in effect at the time of any additions, modifications, alterations, refurbishment, renovations or reconstruction. Determination of the installation of a fire sprinkler system in an existing facility must comply with the requirements described in section 429.41, F.S. (b) A facility undergoing change of ownership is considered an existing facility for purposes of this rule. This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure compliance with the building code in effect for request for a capacity increase for 2 (# and #) of 2 rooms observed for capacity increase. The findings included: Review of the building code section 434.2 revealed specification: "Resident bedrooms	{A 151}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 151}	Continued From page 1 designated for multiple occupancy shall provide a minimum inside measurement of 60 square (6 m2) of usable floor space per room occupant." In order to qualify for 2 occupants a bedroom would need to have at a minimum 120 square of usable floor space. On at 10:30 a.m., # measured 110.15 square # . measured 97.1 square . The measurements were obtained with the facility's house manager. She stated, "she thought # would have been big enough but did not think that . . # . was big enough." Class III	{A 151}		