

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 12/07/2020
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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 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 state re-licensure survey completed on _____. The following is description of the deficiencies found at the time of the visit.	{A 000}		
{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	{A 078}		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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{A 078}	Continued From page 1 written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (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	{A 078}		

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{A 078}	Continued From page 2 employment, newly hired staff submit a written statement from a health care provider documenting the individual does not have any signs or symptoms of communicable for 2 (Staff A and Staff 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: Record review for the Administrator found he was hired on . 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 indicating the Administrator was free from . Record review for Staff A found she was hired as a resident aide on . Further review found Staff A did not have a statement from a health care provider that she had no signs or symptoms of communicable including . Record review for Staff B found she was hired as a resident aide on . Staff B's file contained no statement from a health care provider that she had no signs or symptoms of communicable including . Record review for Staff C found he was hired as a resident aide on . Staff C's file contained a statement from a doctor dated that he was free of communicable and a negative dated . No further documentation on record.	{A 078}			

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{A 078}	Continued From page 3 On at 2:30 p.m., the facility's manager said she did not have documentation related to health care statements and negative test results for any of the staff mentioned above. She said she would work on getting the employee files complete. Class III	{A 078}			
{A 081}	429.52(1 & 7) FS; 59A-36.011() 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 081}			

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{A 081}	Continued From page 4 (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously 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	{A 081}			

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{A 081}	Continued From page 5 the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including 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	{A 081}			

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{A 081}	Continued From page 6 policies and procedures. 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 the in-service training required 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 pre-service orientation prior to interacting with residents for 2 (Staff A and B) of 2 staff reviewed hired after The findings included: Record review for Staff A found she was hired as resident aide on Staff A's file failed to contain documentation of having completed a pre-service orientation, control training, elopement response training; resident rights and recognizing/reporting and neglect training. Record review for Staff B found she was hired as a resident aide on Staff B's file failed to contain documentation of having completed a pre-service orientation, control training and elopement response training. Record review for Staff C found he was hired as a resident aide on Staff C's file failed to contain documentation of having completed elopement response training. On at 2:30 p.m., the facility's manager confirmed the lack of training completion for Staff A, B, and C. The manager said she will work on getting the employee files complete. Class III	{A 081}			

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{A 090}	Continued From page 7	{A 090}			
{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 facility's policies and procedures regarding () within 30 days after employment and maintain documentation of completion for 2 (Staff A & Staff B) of 4 employee files reviewed. The findings included: Record review for Staff A found she was hired as a resident aide on . Staff A's file contained no documentation of having completed an in-service on . Record review for Staff B found she was hired as a resident aide on . Staff B's file contained no documentation of having completed	{A 090}			

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{A 090}	Continued From page 8 an in service on On at 2:30 p.m., the facility's manager confirmed the lack of training for both staff A and B. The manager said she would work on getting the employee files complete. Class III	{A 090}		