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
	AL11969291	A. BUILDING: _____ B. WING _____	08/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA COLONIA III ALF INC	1221 NW 12TH PL CAPE CORAL, FL 33993

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A 000	Initial Comments An unannounced relicensure, emergency power plan monitoring, health facility reporting system, and visitation form survey was conducted on ..... at La Colonia III, an assisted living facility in Cape Coral, Florida. The following is a description of the deficiencies. .	A 000		
A 004 SS=D	59A-36.004 FAC Licensure - Requirements 59A-36.004 License Requirements. (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 59A-36.005, F.A.C.	A 004		

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A 004	Continued From page 1 (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Chapters 408, Part II, 429, Part I, F.S. and rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Chapter 408, part II, and Section 429.14, F.S., and rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on observation, resident and staff interviews, the facility failed to request and obtain AGENCY CENTRAL OFFICE approval for a change in use of space. The Facility increased it's license capacity without the AGENCY's approval. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety, and	A 004		

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A 004	Continued From page 2 sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C. Failure to obtain approval prior to change of space is in violation of the physical plant standards provided in Rule 58A-5.023, F.A.C. Resident bedrooms designated for multiple occupancy in facilities newly licensed or renovated 6 months after , shall have a maximum occupancy of two persons. The findings included: 1. On at 9:00 a.m., 6 residents were observed in the facility. The facility's license posted indicated licensed capacity of 5 residents. 2. On at 9:05 a.m., during a tour with the facility's Administrative Assistant (AA), Resident #1, and Resident #2's names were observed taped on the door for bedroom #2. The AA confirmed Resident #1 and Resident #2 occupied bedroom #2. Clothing was observed which included sanitary products that belonged to Resident #1. Resident #2 was observed in bedroom #2. 3. On at 9:06 a.m., during a tour with the facility's AA, Resident #3's and Resident #4's names were observed taped on the door for bedroom#3. The AA said there was a husband and wife occupying the room, and proceeded knocking on the door. Resident #3, and Resident #4 were observed laying in their queen size bed. Both residents said at the time they live in the facility. 4. On at 9:08 a.m., during a tour with the facility's AA Resident #5's name was observed taped on the door for bedroom #1. Two beds	A 004		

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A 004	Continued From page 3 were observed in bedroom #1. AA said, only one resident sleeps in that bed, Resident #5. She could not provide an explanation as of why there was an additional bed in the bedroom. 5. On at 9:10 a.m., observed a bedroom with a tag on the door indicating it was an "Employee only." bedroom. The bedroom door was open and two residents were observed laying in their corresponding beds. There was an additional bed in the . . . of the bedroom. Resident #6 occupied one of the beds and she said she has been living in the facility for a month or so and she shared the bedroom with Resident #5. She also said, Staff A caregiver slept in the same room at night. Resident #6 said there were 6 residents living in the facility. Resident #5 was observed laying in the bed in the employee room. Resident #5 confirmed that she shared the bedroom with Resident #6 and Staff A slept on the other bed. Resident #5 said there were 6 residents living in the facility. The AA was present and said Resident #5 was transferred in the employee bedroom at the resident's family request because she was getting up all the time during the night and they wanted to provide better supervision. AA said Resident #6 was just paying a visit and just decided to lay down for a nap. Resident #6 looked at her and said "I live here". The AA retracted her statement, and said that Resident #4 that we saw earlier was not living in the facility and he just paid a visit to see his wife this morning. The AA could not explain why Resident#4's name was taped on the door if he was there just for a visit. 6. On at 9:12 a.m., during an interview, Resident #1 confirmed 6 residents live in the facility.	A 004		

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A 004	Continued From page 4 7. On at 9:12 a.m., during an interview, Resident #2 confirmed 6 residents live in the facility. 8. On at 9:20 a.m., during an interview, Resident #3 and Resident #4 (spouses) both said they have lived in the facility for a few weeks now. They both said they moved in when their son moved to an efficiency, and he did not have space for them, so they moved to the facility. Both Resident #3, and Resident #4 said they were full time residents and were not there for day care. They both said there were 6 resident's living in the facility. 9. On at 9:23 a.m., during an interview, Staff A confirmed that there were 6 residents living in the facility. Staff A said she shared her bedroom with Resident #5, and Resident #6 because both had a tendency to get up during the night, and their families suggested to have them moved to sleep in the same room with her so she can provide better supervision for them. 10. On at 9:32 a.m., during an interview, Staff B said 6 residents live in the facility, and Resident #5, and Resident #6 were placed in the employee room for better supervision. 11. On at 9:40 a.m., during an interview, Staff C said 6 residents live in the facility and Resident #5 and Resident #6 were placed in the employee room for better supervision. 12. On at 9:43 a.m., during a telephone interview, the Ombudsman officer said they conducted a visit on , and found a total of 6 residents in the facility even though it was licensed for 5. The officer said that the facility	A 004		

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A 004	Continued From page 5 staff and residents present admitted to overcapacity. 13. On at 9:50 a.m., during an interview, the facility Administrator confirmed the Ombudsmen officer conducted a visit on and found overcapacity. The Administrator could not explain why Resident #4's name was taped on the door. The Administrator said that she was not aware that they could not change the facility's space without prior approval. The Administrator said they placed Resident #5, and Resident #6 in the employee room for better supervision. The Administrator said she could not understand why she could not have more that 2 persons in a room if there was enough space. The Administrator could not provide an explanation why there was an additional bed in # . Class III .	A 004		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,	A 162		

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A 162	Continued From page 6 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that [illegible] not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the	A 162		

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A 162	Continued From page 7 facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited	A 162		

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A 162	Continued From page 8 nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure there was evidence of documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, for 1 (Resident #6) of 2 resident records reviewed. The findings included: Record review revealed Resident #6 was admitted to the facility on . Resident #6's daughter signed the facility agreement on . . Further review, showed no evidence that Resident #6's daughter was appointed as a health care surrogate, health care proxy, guardian, or had a power of attorney for Resident #6. On at 3:00 p.m., during an interview, the Administrator acknowledged Resident #6's daughter had signed Resident #'6's facility	A 162		

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A 162	Continued From page 9 agreement on . . . , without being approved as the health care surrogate, health care proxy, guardian, or had a power of attorney for Resident #6. Class III .	A 162		