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
	AL11964874	A. BUILDING: _____ B. WING _____	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CAPE CORAL	1416 COUNTRY CLUB BLVD CAPE CORAL, FL 33990

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A 000	Initial Comments A Change of Ownership, limited nursing service, emergency power plan monitoring and health facility reporting system survey was conducted at Brookdale of Cape Coral on . . . through . Deficiencies were identified at the time of the survey. .	A 000		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food	A 093		

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A 093	Continued From page 1 according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must	A 093		

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A 093	Continued From page 2 be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of , the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to provide evidence of record of regular and	A 093		

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A 093	Continued From page 3 therapeutic menus for meals served with substitutions noted before or when the meal was served kept on file in the facility for the last 6 months. The facility failed to provide evidence of annual review of the facility's menus that included the original signature of the reviewer, and date reviewed. The findings included: On at 9:10 a.m. requested facility menus reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards. Also requested evidence of menus of meals served with substitutions noted for the last 6 months. On at 12:05 p.m. the Administrator provided evidence of a weekly menu which indicated an approval date of (date of survey). The Administrator said every week he goes online on Monday mornings and prints the weekly menu that is approved by the corporate dietitian. The Administrator said the menu autogenerates the current date and he did not know the exact date the corporate dietitian last reviewed and approved the menus. The Administrator did not have evidence of the last date the dietitian approved the facility's menus. The Administrator said he was unaware he was supposed to keep copies of menus of meals served with substitutions noted. The Administrator said he has been in this position for a year, and he did not have any copies for the time frame he has worked for the facility. On at 12:24 p.m., During an interview the	A 093		

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A 093	Continued From page 4 Dietary Services coordinator (DSC) said he started working for the facility 3 weeks ago and was unaware he was supposed to keep copies of menus of meals served with substitutions noted. The DSC confirmed the Administrator prints the weekly menu and provides it to him. The DSCsaid he did not know who was the person that approved the menus. Class III .	A 093		
AN276 SS=D	59A-36.022(1) FAC LNS - Nursing Services (1) NURSING SERVICES. In addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S., a facility with a limited nursing services license may provide nursing care to residents who do not require 24-hour nursing supervision and to residents who do require 24-hour nursing care and are enrolled in hospice. This Statute or Rule is not met as evidenced by: Based on record review, and interview the facility failed to provide Limited Nursing Services (LNS) for , care for 1 (Resident #14) of 3 residents reviewed for LNS. The findings included: Review of the facility license revealed an Assisted Living Facility (ALF) with Limited Nursing Services (LNS). Review of the contract between the facility and Resident #14 indicated(on page 25): Services That may Be Provided by An Assisted Living	AN276		

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AN276	Continued From page 5 Facility. B. with A limited Nursing License: 1. perform all functions authorized by a standard assisted living facility. 2. Employ or contract with an RN, LPN or advanced nurse to perform the full range of nursing services allowable under the Nurse Practice Act as appropriate to the level of care for the resident. Resident #14 required assistance for changing both the and the bag. Review of Resident #14's Assessment Summary dated revealed a fee of $908.00 for "Bathroom Assistance" indicating the facility will provide the following services: help with routine or ostomy care. Review of the contract's Exhibit A- Schedule of Services and rates on page 20: indicated Resident #14's basic service rate was $4495.00 per month without any additional charges for select and therapeutic services. Review of Exhibit X and Y revealed a Select Services and Therapeutic Services List and prices for the services. The list did not include services and or additional prices for . Review of the provider's order dated revealed ostomy and bag changed weekly by home health nurse. Review of the home health company billing statement dated through revealed 5 charges of $200.00 each for skilled nursing on and . Review of the home health notes revealed the	AN276		

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AN276	Continued From page 6 following home health company skilled nursing visits: - , care will be performed 1 week for skilled nursing - ostomy will be changed once a week; pouch will be changed by the staff... - Ostomy bag changed. - , changed. - Ostomy bag/border changed. - Ostomy ok. Peri skin ok. - , bag/ change. - Ostomy intact. On at 9:06 a.m., during an interview the Licensed Practical Nurse (LPN) Staff D said she changes Resident #14's , bag, but the home health nurse comes to the facility to change the . Staff D said she has the ability and experience to change Resident #14's , but she does not do that part of it. On at 10:51 a.m., during an interview, the Business Office Manager (BOM) said Resident #14 contracts with the home health provider who charges the resident's insurance for the ( )services they provide. The BOM said the facility does not have a contract with the home health company. On at 12:13 p.m., the Health and Wellness Director (HWD) said the facility employs Registered Nurses (RNs) for supervision and assessments, and they employ LPNs for daily routine nursing care including , bag changes. The HWD said , changes are considered routine care. She said she understands there is a problem with both the facility and the home health company providing and charging each month a separate fee for routine , care. The HWD said she did	AN276		

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AN276	Continued From page 7 not have a discussion with Resident #14 or the Power of Attorney about who they preferred or wanted for , services. She said she just thought the home health company had to perform the , changes. Class III .	AN276		
AN278 SS=D	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health... This Statute or Rule is not met as evidenced by: Based on record review, and interview the facility failed to ensure the required monthly nursing assessments by the RN (Registered Nurse) were completed for the months of , , , , and for 3(Residents #5,	AN278		

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	Continued From page 8	AN278		

#12 and #14) of 3 residents reviewed for LNS (Limited Nursing Services).

The findings included:

Review of the policy: Limited Nursing Services (LNS) - FL-6, 4. Effective date: . Last Revised . Policy Overview; Limited Nursing Services (LNS) are clinical/nursing services provided to the resident in addition to any nursing service permitted under a standard license. Policy Detail; 4. The Health and Wellness Director/Nurse will: a. complete a monthly assessment on the services provided.

1. Review of the record revealed Resident #12 was admitted . On , the physician ordered ongoing LNS for brace management to the left lower and the left , apply every morning, remove every evening.

On at 11:50 a.m., observed resident #12 with left and left lower braces applied.

Review of the RN monthly assessments revealed none were completed for , , , , , and .

2. Review of the record revealed Resident #5 was admitted on . On , the physician ordered LNS for left sling, assist on and off for ( ).

On at 9:30 a.m. observed Resident #5 with the left sling applied.

Review of RN monthly assessments revealed there were no assessments completed for , , , , and

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AN278	Continued From page 9 3. Review of the record revealed Resident #14 was admitted on . On the physician ordered LNS for monitoring of Seton drain. On at 9:12 a.m., during an interview, Licensed Practical Nurse (LPN) Staff D said she monitors the drain daily for Resident #14. Review of the RN monthly assessments revealed there was no assessment completed for On at 9:44 a.m., during an interview, the HWD confirmed the RN assessments were not completed for Residents #12 and #5 for , , , , and . The HWD confirmed the RN assessment was not completed for Resident #14 for On at 10:52 a.m. during a telephone interview Staff E Registered Nurse (RN) said she had not visited the facility yet to complete the monthly assessments for and the assessments would not be completed until she went to the facility and saw the residents. Staff E said if the assessments were completed, they would be in the computer system. Staff E said she can open the assessment and begin the assessment with record review, but the assessment is not complete until she visits with the resident and signs and dates the assessments. She said the assessments were opened but not completed. Staff E said if the assessments for , , , , and	AN278		

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AN278	Continued From page 10 were not in the computer, they were not completed. Staff E did not offer a reason why the required assessments were not completed. Class III	AN278		