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
	AL11967710	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR OF CAPE CORAL	831 SANTA BARBARA RD CAPE CORAL, FL 33991

(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	A 000		
	This is the Limited Nursing Services survey conducted on . . . at Windsor of Cape Coral, an Assisted Living Facility.			
AN277	58A-5.031(2) FAC LNS - Resident Care Standards	AN277		
	(2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C. (b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider ' s order, a copy of which shall be maintained in the resident ' s file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility ' s personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community.			
	This Statute or Rule is not met as evidenced by: Based on a review of 2 resident records,			

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AN277	Continued From page 1 interview with administrative staff, and review of Limited Nursing Services (LNS) documentation, the facility failed to ensure the nurse performed the 30 day assessments as required. The findings include: 1. A review of 2 resident records (Residents #2 and #3) revealed there was no evidence in the record of monthly summaries. The facility keeps a book with all LNS documentation in it and there were no monthly summaries present in this book for any of the residents. Interview with the Health Care Coordinator on [redacted] at 11:15 a.m. revealed the facility has a registered nurse (RN) available. The facility LPNs (licensed practical nurses) collect the data about the residents on a form titled LNS Monthly Nursing Assessment, sign and date it. The forms are then collected and sent to the RN who is located out of the area. The RN signs the forms, dates them, and returns them to the facility. Three forms provided to the surveyor for review revealed for the months of [redacted] and [redacted] the RN dated her signature the same day the LPN had signed them. The RN does not actually see and asses the resident for the accuracy and completeness of the assessment. There was no assessment by the RN for the appropriateness of the the LNS services being provided. When questioned, the Health Care Coordinator admitted she had never met the RN since starting her job in [redacted]. Class III Correction Date: [redacted]	AN277		
AN278	58A-5.031(3) FAC LNS - Records	AN278		

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AN278	Continued From page 2 (3) RECORDS. (a) A record of all residents receiving limited nursing services under this license and the type of service provided, shall be maintained. (b) Nursing progress notes shall be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly shall be maintained on each resident who receives a limited nursing service. This Statute or Rule is not met as evidenced by: Based on a review of 2 resident records, review of LNS (limited nursing service) book, and interview with administrative staff, the facility failed to ensure monthly summaries were completed as required. The findings include: Review of Residents #2 and #3 resident records for monthly summaries revealed they were not present in the record. The facility keeps all of their LNS documentation in a separate notebook. However, there was no monthly summaries present for the any of the LNS residents. Interview with the Health Care Coordinator on [redacted] at 1:00 p.m. revealed the summaries were not present in these records. She further stated the summaries were being kept separately but when requested, the coordinator only provided 1 resident's (Resident #8) monthly summarie. No other residents' summaries were provided despite request from the surveyor.	AN278		

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AN278	Continued From page 3 Class III Correction Date:	AN278		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Windsor Of Cape Coral
831 Santa Barbara Rd
Cape Coral, FL 33991

Dear Administrator:

This letter reports the findings of a Limited Nursing Services survey that was conducted on 2012 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

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Tallahassee, FL 32308
http://ahca.myflorida.com

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