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 This is the Change of Ownership (chow) survey conducted on ..... through ..... for Windsor of Cape Coral an Assisted Living Facility. This survey was conducted in conjunction with 2 follow ups and a new complaint survey.	A 000		
A 029	58A-5.0182(5) FAC Resident Care - Nursing Services (5) NURSING SERVICES. (a) Pursuant to Section 429.255, F.S., the facility may employ or contract with a nurse to: 1. Take or supervise the taking of vital signs; 2. Manage pill-organizers and administer medications as described under Rule 58A-5.0185, F.A.C.; 3. Give prepackaged enemas pursuant to a physician ' s order; and 4. Maintain nursing progress notes. (b) Pursuant to Section 464.022, F.S., the nursing services listed in paragraph (a) may also be delivered in the facility by family members or friends of the resident provided the family member or friend does not receive compensation for such services. This Statute or Rule is not met as evidenced by: Based on a review of resident records and interview with administrative staff, the facility nurses failed to ensure physician's orders were clarified and followed for 1 (Resident #1) of the residents and failed to ensure monitoring and assessment of the resident's weight. Resident #1 had laboratory results in the record dated ..... There was a circled abnormal result on the document and the physician had indicated the resident was hyponatremic with a	A 029		

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A 029	Continued From page 1 low [redacted] count. The resident's results were 128 with a normal of 135-145. At the bottom of the document, there was a physician's note indicated the resident needed to be on Gatorade and "recommend him to be _____?(unable to read the word) from force water (regular water). " Interview with the Director of Clinical Services on [redacted] at 2:10 p.m. indicated she was unaware of the physician's note on the lab report, but she indicated she would not have regarded this as a physician's order. She agreed the nursing staff did not clarify this order for the resident. Resident #1 went to the hospital on [redacted] and returned to the facility on [redacted] At the time of return, the resident had a new health assessment form 1823 which indicated the resident had a weight of 75.6 kg(kilograms equal to 166.3 pounds). Review of the resident's weights starting in [redacted] of 2012 revealed the resident was 180 pounds. The resident slowly declined in weight until [redacted] the weight was noted as 174 pounds. There were no further weights noted until the return from the hospital. The most current weight for this resident was 150 pounds. Administrative staff admitted they were unaware the resident had continued to lose weight. Class III Correction Date: [redacted]	A 029		
A 050	58A-5.0185(1) FAC Medication - Self Administered Medications Medication Practices. Pursuant to Sections 429.255 and 429.256, F.S.,	A 050		

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A 050	Continued From page 2	A 050		

and this rule, licensed facilities may assist with the self-administration or administration of medications to residents in a facility. A resident may not be compelled to take medications but may be counseled in accordance with this rule.
(1) SELF ADMINISTERED MEDICATIONS.
(a) Residents who are capable of self-administering their medications without assistance shall be encouraged and allowed to do so.
(b) If facility staff note deviations which could reasonably be attributed to the improper self-administration of medication, staff shall consult with the resident concerning any problems the resident may be experiencing with the medications; the need to permit the facility to aid the resident through the use of a pill organizer, provide assistance with self-administration of medications, or administer medications if such services are offered by the facility. The facility shall contact the resident ' s health care provider when observable health care changes occur that may be attributed to the resident ' s medications. The facility shall document such contacts in the resident ' s records.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview with administrative staff, the facility failed to ensure 1 (Resident #8) resident was evaluated to ensure self administration of medications.

The findings include:

During the tour on at approximately 10:30 a.m. there was noted a basket with prescription drugs sitting bedside a chair in Resident #8's apartment.

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A 050	Continued From page 3 Interview with the clinical director on [redacted] at 10:30 a.m. indicated this resident self administers medications. Review of the record revealed there was no evaluation present in the record to demonstrate the resident could safely self administer medications. Further review of the resident record revealed the health assessment dated on the front as [redacted] indicated the resident needed assistance with medication administration. During further interview the clinical director stated she had not done an assessment and there was no assessment done in 2011 when the resident assumed responsibility for the medications. Class III Correction Date: [redacted]	A 050		
A 161	58A-5.024(2) FAC Records - Staff (2) STAFF RECORDS. (a) Personnel records for each staff member shall contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable [redacted] including [redacted]. In addition, records shall contain the following, as applicable: 1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services which require licensing or certification; 3. Documentation of compliance with level 1 background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C.; 4. A copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C., for	A 161		

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A 161	Continued From page 4 facilities with a licensed capacity of seventeen (17) or more residents; and 5. Documentation of facility direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility shall not be required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C. (c) The facility shall maintain the facility ' s written work schedules and staff time sheets as required under Rule 58A-5.019, F.A.C., for the last 6 months. This Statute or Rule is not met as evidenced by: Based on two of three personnel records reviewed and staff interview, the facility failed to ensure Staff A and Staff C both had their certification showing they are CNAs in their personnel records. The findings include: A review of Staff A and Staff C's personnel records showed they both applied for CNA positions at the facility. Their job descriptions showed they are CNAs. However, they did not have a copy of their CNA certification in their personnel record. An interview was conducted with a corporate staff	A 161		

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A 161	Continued From page 5 on at 12:00 p.m. She confirmed these certifications were not in their personnel records. Class Correction Date:	A 161		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Windsor of Cape Coral
831 Santa Barbara Road
Cape Coral, Florida 33991

Dear Administrator:

Re: Change of Ownership survey

This letter reports the findings of a Change of Ownership survey that was conducted on , 2012 by representative(s) 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 , 2012 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 surveyor(s). Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372