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
	AL11967943	A. BUILDING _____ B. WING _____	11/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA COLONIA 1 ALF INC	830 NE 10TH LN CAPE CORAL, FL 33909

(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 to report the result of the LNS (limited nursing services) survey conducted at La Colonia, an assisted living facility on 11/1.	A 000		
A 011	58A-5.0181(5) FAC Admissions - Discharge (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S. This Statute or Rule is not met as evidenced by: Based on a review of 1 resident record and interview with administrative staff, the facility failed to ensure 1 (Resident #1) of 1 resident record reviewed met the criteria for continued residency. The findings include: A review of the resident record for Resident #1 revealed the resident was admitted to the facility on [redacted] most recent health assessment form 1823, for this resident was dated 10/1[redacted] was completed during a hospitalization. A review of the health assessment revealed the resident required administration of medication. This facility has no licensed nurses on staff, and has medication technicians only to perform assistance with medications. In an interview with the Administrator on 11/1[redacted] 1:20 p.m., she indicated she's sure it was a mistake on the doctor's part for the evaluation indicating the resident needed administration of medications. She stated no notice had been	A 011		

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A 011	Continued From page 1 given to this resident. Class III Correction Date:	A 011		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
La Colonia 1 Alf Inc
830 Ne 10th Ln
Cape Coral, FL 33909

Dear Administrator:

This letter reports the findings of a LNS (limited nursing services) survey that was conducted on
14, 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

HSW/arb
Enclosure: State (3020) form

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