STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953472	**10/07/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cape Chateau Inc.	**804 S.E. 16th Place Cape Coral, FL 33990**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= B
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:
On , a Biennial with a Limited Nursing Service (LNS) survey was completed at Cape Chateau Inc. an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review and interview, the facility failed to ensure the resident contract stipulate resident are required to give no more than a 30 day notice of intent to cancel the contract for 1 (Resident #1) of 2 resident record reviewed.

The findings include:

Resident #1's Admission and Financial Agreement dated under the section "The Resident and Responsible Party Agree" item 5 states "Notify ALF at least forty-five days in advance of intention to remove the Resident."

On at 6:15 p.m., the Administrator stated she has updated the facility contract, but failed to update the contract for Resident #1.

Class

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure 1 (Staff B) of 4 staff had an annual statement of freedom from .

The findings include:

Record review for Staff B found the most current statement of freedom from was dated . The record also contained a Skin Testing Client Questionnaire dated . This questionnaire does not state Staff B is free from . The questionnaire states Staff B should not be given a skin test. The record had a screening form. This form indicates that a skin test was given. The form had no statement from a health care provider that Staff B was free from sign or symptoms of .

On at 6:30 p.m., the Administrator stated they have no other documentation from a health care provided that Staff B was free from signs or symptom of .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953472	**10/07/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cape Chateau Inc.	**804 S.E. 16th Place Cape Coral, FL 33990**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review, observation and interview, the facility failed to have menus dated and posted at least a week in advance.

The findings include:

On . at 12:00 p.m., it was observed that the posted menu was for week 3 and was not dated. The posted menu called for the main entree of the lunch meal was to be Chicken Pot Pie. It was observed that Meat Loaf was being served.

On . at 12:30 p.m., the Administrator stated that menu that is posted is for week 3. She stated the menu that is being used is for week 2. This menu is kept in the kitchen on a clip board that is used by the cook. She stated the back of this menu is the dates for which the menu is to be used. The menu for week 2 shows meat loaf is to be served for the noon meal.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Cape Chateau Inc.
804 S.E. 16th Place
Cape Coral, FL 33990

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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 , 2013 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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