STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968274	10/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cape Coral Shores	1318 Santa Barbara Blvd Cape Coral, FL 33991	

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 - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= B

Specific Tag Findings:
An unannounced Biennial survey conducted on [redacted] at Cape Coral Shores, an Assisted Living Facility (ALF) in Cape Coral, FL.

The following is a description of non-compliance:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, resident record review, and staff interview, the facility failed to ensure 1 (Resident #4) of 2 residents had physician orders for his half side rails that are located on his bed.

The findings include:

Observation at 9:30 a.m., showed there are half side rails on Resident #4's bed. A review of Resident #4's record showed a physician order sheet dated [redacted] which states [redacted] use 2 side rails to aid in positioning per resident request." However, the physician did not sign this order.

An interview was conducted with the nurse on [redacted] at approximately 11:00 a.m. He reviewed Resident #4's record and confirmed this physician order sheet was not signed by the physician and there are no other physician orders for these half side rails.

Class [redacted]

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and staff interview, the facility failed to ensure 2 (Staff A and C) of 3 employees had communicable [redacted] statements by a health care provider at the time of hire.

The findings include:

1. A review of Staff A's personnel record showed she was hired on [redacted] However, there was no documentation from a health care provider of a communicable [redacted] statement within 30 days of [redacted]

2. A review of Staff C's personnel record showed she was hired on [redacted] There was no documentation from a health care provider of a communicable [redacted] statement within 30 days of [redacted]

4. An interview was conducted with the nurse on [redacted] at 1:00 p.m. He stated he was not aware these two statements were missing from these two personnel records.

Class III

0162-Records - Resident 58A-5.024(3) FAC
The facility failed to provide documentation of the appointment of a health care surrogate, guardian, or the

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existence of a Power of Attorney (POA) where applicable.

The findings include:

Review of Resident #7's contract revealed that it was signed by her spouse. Review of Resident #7's record revealed that the Health Care Surrogate, Guardian, or POA documentation was not available in the chart.

Interview was conducted on at 2:00 p.m. with the Administrator. When asked about POA/Health Care Surrogate Papers for Resident #7, the Administrator stated that she could not find any POA/Health Care Surrogate Papers for Resident #7.

Class . .

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Cape Coral Shores
1318 Santa Barbara Blvd
Cape Coral, FL 33991

Dear Administrator:

This letter reports the findings of a Biennial 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,

D. Williams
Field Office Manager

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Enclosure: State Form

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