STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911654	10/28/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Juniper Village At Cape Coral	4920 Viceroy Court Cape Coral, FL 33904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:
These are the results of an unannounced Complaint Survey, CCR# 2013011003 which was conducted at Juniper Village at Cape Coral an Assisted Living Facility (ALF) on . . . . . Census was 61 residents.

The following is a description of non-compliance:

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview, the facility failed to provide care and services according to resident needs for 1 (Resident #1) of 6 sampled residents reviewed.

The findings include:

Record review for Resident #1 found that she was admitted to the Assisted Living Facility (ALF) on . . . . . Health Assessment review for the same resident found that she needed supervision with Activities of Daily Living (ADL) with the exception of eating (independent). This Health Assessment was completed the day of admission . . . . . Further review revealed that resident was to receive a shower 3 times a week.

Resident #1 received a shower on . . . . . On , the resident refused to take a shower. Appropriate documentation of resident's refusal to take a shower was observed at residents ADL log. However, this resident was scheduled to take a shower on , and . . . . . There was no documentation on the resident's ADL log indicating that the resident was offered a shower the days that was scheduled.

During an interview on . . . . . at 10:41 a.m. the Administrator stated that she did not know the name of staff responsible to offer a shower to Resident #1. She stated that there were four resident . . . scheduled to work the time that resident was to take her shower. The Administrator did not know if the resident actually was offered a shower and who was the staff that offered the shower. Furthermore, she did not know if resident refused to take a shower.

The Administrator acknowledged on . . . . . at 1:00 p.m., that she did not have any documentation indicating whether or not Resident #1 received showers as scheduled. She also stated that she did not know if resident received a shower at all the days she was scheduled to do so.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Juniper Village At Cape Coral
4920 Viceroy Court
Cape Coral, FL 33904

Re: CCR #2013011003

Dear Administrator:

This letter reports the findings of a Complaint 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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