STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911654	03/05/2014
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 - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:
These are the results of a Biennial survey conducted on through at Juniper Village, an Assisted Living Facility (ALF) located in Cape Coral, FL.

The following is a description of non-compliance:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on clinical record review and staff interview, it was determined that the facility failed to ensure that a completed health assessment was completed on 1 (Resident #3) of 2 sampled records.

The findings include:

Clinical record review revealed that Resident #3 was admitted to the facility on . Clinical record review revealed that Resident #3 had an AHCA Form 1823, 2010 signed off by the resident's primary care physician dated , and another one that was not dated as completed. Further review of assessments revealed a lack of documentation as to what kind of assistance the resident required with his medication on all three of the assessments.

Interview conducted on at 9:43 a.m., with the Director of Wellness confirmed that that medication mode was not completed on the 2 assessments. She stated she had another assessment indicating the resident requires assistance with medication that was completed by the doctor on . Further review of the assessment revealed that the doctor had not dated the assessment. She further commented that she reviews the health assessment as well as the Executive Director (ED) to make sure they are filled out correctly.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure that 2 (The Executive Director and Staff C) of 4 employees had annual statements of freedom from .

The findings include:

1. Record review for the Executive Director (ED) found a document entitled "Final X-Ray Report" signed by a health care provider on stating "Unremarkable exam." There is no evidence of active . The statement did not address other communicable .

On at 10:00 a.m., the ED stated the "Final X-Ray Report" dated was the only documentation of freedom from available. She stated she thought the X-Ray report was sufficient for two years.

2. Record review for Staff C, whose hire date was , found a Record." Under the section Screening" there was one entry. The dated of the entry was . The notes indicated a test was given

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and the results were 0. There was no indication who provided or read the test.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview, the facility failed to ensure 2 (Staff A, B, and C) of 4 staff received Training."

The findings include:

Record review for Staff A, B, and C found no documentation of having received training in the facility's policy and procedures regarding Record review for Staff A found that her hire date is Record review for Staff B found that her hire date is Record review for Staff C found that her hire date is

On at 10:45 a.m., the Executive Director (ED) stated that there is no documentation of Staff A, B, or C having had training. She stated the training is scheduled for next week.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a Biennial survey that was completed on , 2014 by representatives 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 , 10, 2014 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,

for

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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