STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	03/31/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cape West	4616-4614 Sw 7 Pl Cape Coral, FL 33914	
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= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= B
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= B

Specific Tag Findings:
These are the results of an abbreviated Biennial survey conducted at Cape West, an Assisted Living Facility on [redacted].

The following deficiencies were cited:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview, the facility failed to obtain a prescription for half bed rails and consent by the resident or resident representative for the usage of half rails for 1 (resident #3) out of 6 sampled residents.

The findings include:

Observation during tour conducted on [redacted] at 9:00 a.m., revealed that there was a set of half bed rails placed on Resident #3's bed.

Record review for Resident #3 found no prescription for half bed rails and consent by the resident or resident representative for the usage of half rails.

The Administrator acknowledged on [redacted] at 4:30 p.m., that facility lacked prescription for half bed rails and consent by the resident or resident representative for the usage of half rails for Resident #3.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview, the facility failed to have a trained staff assist appropriately for 1 (Resident #6) out of 6 residents with her self administration of her medications.

The findings include:

Observation on [redacted] at 2:00 p.m., revealed that staff D placed [redacted] in her hands. Staff D then unlocked the med cart where all residents' medications were kept. She then took out the 2 p.m. medication that belonged to Resident #6. She told the resident that was sitting in the living [redacted] "this is your 2 p.m. medication." Staff D did not verbally prompt resident to take medication as prescribed by telling her the name of the medication and dosage. Staff D placed the medication in plastic cup and gave it to Resident #6. Resident #6 placed it in her hand. Resident #6 took the medication and staff D observed her taking her pill. She then signed the Medication Observation Record (MOR).

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Record review for staff D found that the only training certificate available was the continuing education medication training that was dated and previous 2 hour continuing medication training dated and No initial 4 hour medication training was found at the record.

The findings were discussed with the owner on around 4:30 p.m.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and interview, the facility's manager (Staff B) failed to complete the 26 hours CORE training and pass the CORE exam.

The findings include:

Record review revealed that the facility's administrator supervises a total of 2 assisted living facilities and appointed staff B as the facility' manager.

Record review for staff B revealed that she was hired as a manager in the facility on Further review revealed that staff B has not yet completed the 26 hours CORE training and subsequently did not pass the CORE exam.

The Administrator acknowledged on at 4:00 p.m., that the facility's manager (Staff B) did not complete the CORE training yet and subsequently did not pass the CORE competency test.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to obtain the following in service trainings within 30 days of employment for 1 (Staff D) out 4 sampled staff: Reporting Major Incidents, Reporting Adverse Incidents; Facility's Emergency Procedure including chain of command and staff roles relating to emergency evacuation; Resident Rights in Assisted Living Facility; Recognizing and Reporting Resident Neglect and Resident Behavior and Needs and Providing Assistance with Activities of Daily Living; Resident Elopement Response Policies and Procedures; and Safe Food Handling Practices .

The findings include:

Record review for staff D (Resident Aid hired found no evidence of the following in service training within 30 days of employment. Reporting major incidents; reporting adverse incidents; facility's emergency procedure including chain of command and staff roles relating to emergency evacuation; resident rights in assisted living facility; recognizing and reporting resident neglect and resident behavior and needs and providing assistance with activities of daily living and resident elopement response policies and procedures; and safe food handling practices.

Further review revealed that staff obtained the training needed on more than a year after she was hired in the facility.

The Owner acknowledged on at 3:45 p.m., that staff D did not obtain training within 30 days of

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employment.

Class

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview, 1 (Staff D) out 4 facility staff failed to obtain 4 hour assistance with self-administration of medication training.

The findings include:

Record review for staff D (Caregiver/Med Tech hired on found that the only training certificate available was the continuing education medication training that was dated and previous 2 hour continuing medication training dated and No initial 4 hour medication was found in the record.

Staff D was observed assisting resident with her self administration of her medication on at 2:00 p.m.

The Owner acknowledged on at 4:00 p.m., that staff D did not have 4 medication training and was responsible assisting residents with their self administration of their medications.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record reniew, observation, and interview the facility failed to have menu posted a week in advance, failed to have a record of regular and therapeutic menus as served, with substitutions noted before or when the meal is served for 6 months and failed to follow the posted menu.

The findings include:

Meal observation on at 12:00 noon revealed that there was no menu dated and planned at least one week in advance for both regular and therapeutic diets. Furthermore the menu posted indicated that the following was to be served to all residents: 1/2 cup of fresh fruit, sloppy Joes on a , 1 oz. of chips, garden salad with dressing, gelatin and beverage. Chips and gelatin was not served to the residents.

Interview with facility's manager on at 12:30 p.m., revealed that the facility did not utilize a substitution log since the menu was always followed.

When surveyor asked the manager what the residents had for Thanksgiving, she stated that they had turkey, but did not have a record or recall the specific menu since there was no substitution log utilized. She said she was unaware of the requirement.
She further stated that she was unaware that menu was to be dated a week in advance.

The findings were discussed with owner on around 4:30 p.m.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Cape West
4616-4614 Sw 7 Pl
Cape Coral, FL 33914

Dear Administrator:

This letter reports the findings of a Biennial survey that was conducted on , 2014 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 , 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 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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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