STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967710	10/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Windsor Of Cape Coral	831 Santa Barbara Rd Cape Coral, FL 33991	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:
An unannounced Complaint Survey, CCR# 2014008382, was conducted on [redacted] at Windsor of Cape Coral, an Assisted Living Facility (ALF) located in Cape Coral, Florida.

The complaint had two allegations which were both substantiated. The facility received citations as a result of this survey.

The following is a description of non-compliance:

0053-Medication - Administration 58A-5.0185(4) FAC
Based on resident records reviewed and staff interviews, the facility failed to ensure 2 (Residents #1 and #2) of 3 residents were given medications as ordered by the physician.

The findings include:

1. A review of Resident #1's Medication Observation Record (MOR) for [redacted] 2014 showed she is taking 1,000 milligrams (mg) of fish oil each day. A review of the physician orders dated [redacted] showed she is to take 1,000 mg of fish oil one time a day. A review of the bottle of fish oil showed they are 1,200 mgs.

An interview was conducted with the staff nurse at 10:30 a.m. on [redacted]. She said 200 mg of fish oil a day for a person can make a difference and she will call the physician to notify him.

2. A review of Resident #2's MOR showed he is taking a [redacted] with [redacted] once a day, [redacted] 50 mg a day and [redacted] 2,000 mg twice a day with meals. A review of the medication orders by the physician showed on [redacted] orders for [redacted] with [redacted] once a day, [redacted] 50 mg once a day and [redacted] 1,000 mg two tablets twice a day with meals. A review of the medications for Resident #2 showed he is taking a women's [redacted] with [redacted] 100 mg once a day and [redacted] 500 mg twice a day with meals. An interview was conducted with the staff nurse at 10:30 a.m. on [redacted]. She stated she will contact Resident #2's physician concerning these three medications.

3. Interviews were conducted with the Administrator and Director of Nursing (DON) on [redacted] at 1:00 p.m. They both stated the nurses might be scoring the [redacted] and giving him 1/2 of the pill and may be giving him four [redacted] pills to equal 2,000 mg. However, there was no documentation on the MOR showing the nurses are doing this. The facility did not show Residents #1 and #2 are receiving the medications as ordered by the physicians.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on resident records review, and staff interview, the facility failed to refill 1 (Resident #1) of 3 residents medications in a timely manner.

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The findings include:

1. A review of Resident #1's MOR for [redacted] 2014 showed she is taking one can of glucerna a day and [redacted] 20 mg every 6 hours as needed for [redacted] pain. A review of her medications showed there was no [redacted] in the medication cart.

An interview was conducted with the facility nurse at 10:30 a.m. on [redacted] She said she has to make a call to get more [redacted] and the glucerna is located in the refrigerator in the kitchen.

Observation of the refrigerator at 10:40 a.m. showed there was no glucerna for Resident #1. The nurse said she will call to get more glucerna also. Further review of past MORs for Resident #1 showed in [redacted] 2014 the facility ran out of [redacted] on 8/1, 8/4 through [redacted] and the [redacted] 2014 MOR showed the facility ran out of [redacted] from [redacted] through [redacted]

An interview was conducted with the Administrator and Director of Nursing (DON) on [redacted] at 1:00 p.m. They both stated Resident #1's family member supplies the medications. The facility will call the families, who supply medications for residents, two weeks prior to running out of the medications to notify the families they need to refill these medications. A review of the MOR and nursing notes show there was no documentation they called Resident #1's family member notifying them these medications were out. There was no documentation showing the physician was notified letting him know his patient was not receiving the medications he prescribed.

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
Based on one of three resident records reviewed, observation, and staff interview the facility failed to label Resident #1's over-the-counter medications with her name.

The findings include:

A review of Resident #1's physician orders show she is to take Lutein 6 milligrams (mg) every day, 650 mg when needed for pain, and [redacted] 25 mg when needed for [redacted]

Observation at 11:00 a.m. on [redacted] of these bottles of medication showed Resident #1's name was not on them. Her [redacted] was on the bottles of Lutein.

An interview was conducted with the facility nurse at this time. She stated the resident's family put the [redacted] on the Lutein bottles. The facility did not ensure Resident #1's name was on the bottles of over-the-counter medications.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on one of three resident records reviewed, observation and staff interview, the facility failed to ensure Resident #4 received his prescribed diet.

The findings include:

A review of Resident #4's health assessment dated [redacted] showed the doctor prescribed a No Concentrated

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Sweets (NCS) diet.

During an observation on [redacted] at 12:40 p.m. Resident #4 was given a piece of cake. The facility nurse reviewed his record and confirmed Resident #4 is on a NCS diet.

An interview was conducted with the administrator and DON at 1:00 p.m. on [redacted] The both said everyone gets the same dessert but NCS people get a smaller piece.

Observation of all the pieces of cake showed they were the same size and that this was not a sugar free cake.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Windsor Of Cape Coral
831 Santa Barbara Rd
Cape Coral, FL 33991

CCR# 2014008382

Dear Administrator:

This letter reports the findings of a state licensure 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 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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