STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966983	01/14/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Omega Assisted Living Facility	1209 Nw 35th Place Cape Coral, FL 33993	
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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D

Specific Tag Findings:
These are the results of a Complaint survey CCR# 2015000344, which was conducted on [redacted] at Omega Assisted Living Facility, an Assisted Living Facility located in Cape Coral, Florida.

The complaint contained 1 allegation which was not substantiated. However, the facility received citations as a result of this survey.

The following is a description of non-compliance:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to ensure 1 (Resident #2) of 3 residents records reviewed there was a medical examination with documentation addressing the required elements for admission to Assisted Living Facility prior to or within 30 days of admission.

The findings include:

Record review on [redacted] for Resident #2 revealed a Health Assessment Form (AHCA Form 1823) with only resident name, date of birth, facility contact information, and a signature without credentials on the last page. Written on page one of AHCA Form 1823 was "see on notes ' Stapled to AHCA Form 1823 was a history and physical type document consisting of 4 pages. This document failed to address the necessary information such as diet order, communicable [redacted] status, type of assistance needed for medications, Activities of Daily Living, and nursing /special precautions.

During an interview on [redacted] at 3:20 p.m. the Administrator confirmed there was no other AHCA Form 1823 available for this resident. The Administrator confirmed she did not contact the resident's health care practitioner to obtain the required information.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to provide or arrange for in-service training to Staff B within 30 days of employment.

The findings include:

Staff B was observed in the facility providing direct care to staff, preparing food, assisting with ambulation, and otherwise interacting with residents.

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Record review for Staff B revealed her date of hire was . . . There were no certificates on file for any of the required in-service trainings.

During an interview on . . . . . at 3:00 p.m., the Administrator said that she did the training but did not put the certificates on file. The surveyor was presented with one (1) certificate for food service training. When asked if she had any training materials or documentation that her employee was given in-service training related to the regulation the Administrator said, "I thought she had all that with her Home Health Aid training."

Class III

0083-Training - First Aid and . . . 58A-5.0191(4) FAC
Based on record review and interview, the facility failed to ensure that a staff person with a currently valid first aid card was in the facility at all times residents were present.

The findings include:

Staff B was observed in the facility providing direct care to residents, preparing food, assisting with ambulation, and otherwise interacting with residents.

Record review on . . . . . revealed there was no documentation that Staff B had a currevt valid first aid card.

During an interview on . . . . . at 3:00 p.m., the Administrator confirmd that Staff B is sometimes left alone with residents. The Administrator confirmd neither she nor the Staff B can produce documentation that Staff B had a current first aid card.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Omega Assisted Living Facility
1209 Nw 35th Place
Cape Coral, FL 33993

RE: CCR #2015000344

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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 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,

Jon Seehawer, RN
Acting Field Office Manager

JS
Enclosure: State Form

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