STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953472	08/17/2015
NAME OF PROVIDER OR SUPPLIER **CAPE CHATEAU INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **804 S.E. 16TH PLACE** **CAPE CORAL, FL 33990**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

These are the results of an unannounced Biennial survey conducted on at Cape Chateau, an Assisted Living Facility (ALF) located in Cape Coral, Florida.

The following is a description of non-compliance:

0054 Medication - Records

Based on observation, record review and interview, the facility failed to follow appropriate procedure in documenting assistance with self-administration of medication on the Medication Observation Record (MOR) prior to assisting residents with self- administration of medications.

The findings included:

Observation on at 7:54 a.m., revealed Staff A was marking a MOR. No residents were present since staff was in the facility office.

On / / at 7:55 a.m. Staff A stated, "Please come and see my book. I already marked the medications. I do that to verify them and then I give it to them. If they refuse I put a circle over my initials."

Staff A said on a follow-up interview on at 8:10 a.m., that she was unaware that she needed first to observed residents taking their medications and then to mark the MOR.

Record review on at 8:56 a.m. revealed that Staff A marked the MOR prior to assisting residents with self-administration of medications.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to maintain a 3 day emergency food supply for the residents.

The findings included:

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Observation during a tour conducted on at 8:55 a.m. revealed that there was no canned or dry milk in the cabinet were the emergency food supply was kept. Also, there were no starches. There was only 109 oz. of canned fruit. The census in the facility at time of survey was 15 residents. Regulatory requirement is 16 oz. of milk per resident per day, 8 oz. of canned fruit per resident per day and 6 serving of bread starches per resident/per day.

The Manager acknowledged at the time of the observation on / / at 8:55 a.m. that the facility lacked an emergency food supply.

Class III

0181 Emergency Plan Approval

Based on record review and interview, the facility failed to obtain proof of emergency management plan was approved by the local county emergency management agency on an annual basis.

The findings included:

Record review revealed that facility submitted its emergency management plan to the local county emergency management agency on / /. A letter dated / indicated that the plan was not approved because there were 5 issues identified by the emergency management agency as being unsatisfactory. The previous plan on file was approved on .

The facility Administrator said during interview conducted on at 2:07 p.m. that she was aware of the pending issues and was planning on resubmitting a correct plan as soon as possible.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Cape Chateau Inc.
804 S.E. 16th Place
Cape Coral, FL 33990

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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