STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965819	09/15/2015
NAME OF PROVIDER OR SUPPLIER **CAPE VILLA, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **4216 SW 5TH PLACE** **CAPE CORAL, FL 33914**	

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

0000 Initial Comments

An unannounced Abbreviated survey was conducted on / / at Cape Villa, Inc., an Assisted Living Facility (ALF) in Cape Coral, Florida.

The following is description of the deficiencies.

0051 Medication - Pill Organizers

Based on observation and interview, the facility failed to ensure a resident who utlized a pill organizer self-administered her medications for 1 (Resident #2) of 3 residents observed for assistance with self-administration of medications.

The findings included:

On at 9:00 a.m., Staff A was observed removing a pill organizer from the medication cart. Staff A opened the container labeled Tuesday. She dispensed 3 pills into a paper pill cup and took it to Resident #2. She told the resident this is your medication. Staff A assisted the resident to take the medication. She returned to the medication cart and updated the Medication Observation Record (MOR).

On at 9:05 a.m., Staff A said the resident's family fills the pill organizer.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to ensure staff read the medication label to the resident when assisting with the self-administration of medication for 3 (Resident #1, #2, and #3) of 3 residents observed.

The findings included:

1. On at 8:50 a.m. Staff A was observed assisting Resident #1 with the self-administration of her medication. She was observed removing the medication for Resident #1 from the medication cart and dispensing the medication into a paper pill cup. Staff A was observed taking the mediation to Resident #1, who was sitting at the breakfast table, and say, "Here is you medications." She did not read the label to the resident nor explain what the medications were for. She returned to the medication cart and

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updated the Medication Observation Recorder (MOR).

2. On at 9:00 a.m., Staff A was observed removing a pill organizer from the medication cart. Staff A opened the container labeled Tuesday. She dispensed 3 pills into a paper pill cup and took it to Resident #2. She told the resident this is your medication. Staff A assisted the resident to take the medication. She returned to the medication cart and updated the MOR.

3. On / at 9:10 a.m., Staff A was observed assisting Resident #3 with the self-administration of her medication. Staff A was observed removing the medication for Resident #1 from the medication cart and dispensing the medication into a paper pill cup. Staff A was observed taking the mediation to Resident #3, who was sitting at the breakfast table, and say, "Here is you medications." She did not read the label to the resident nor explain what the medications were for. She returned to the medication cart and updated the MOR.

4. On at 9:15 a.m., Staff A said the label for the medication is not read to residents.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure 3 (Staff A, B, and C) of 3 staff reviewed had documentation of freedom from .

The findings included:

1. Record review for Staff A found she was hired on / . Staff A's last documentation of freedom from was dated / .

2. Record review for Staff B found that she was hired / . There was no documentation in the staff 's record of freedom from .

3. Record review for Staff C found the last documentation in the record of freedom from was dated .

4. On at 12:30 p.m., the Administrator said she has no additional documentation that Staff A or C had a statement of freedom from . The Administrator said she did not realize Staff B had no documentation of freedom from .

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Class III

0082 Training - /

Based on record review and interview, the facility failed to ensure 1 (Staff C) of 3 staff reviewed had the appropriate training in ( ).

The findings included:

Record review for Staff C found she was hired on . The record had no documentation that Staff C had received the required training in .

On at 12:30 p.m., the Administrator said she was sure that Staff C had the training but could not find the documentation.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to ensure 2 (Staff B and C) of 3 staff received appropriate training in assisting with self-administration of medications.

The findings included:

1. Record review revealed Staff B received 4 hours of training for assisting with self-administration of medications on / / . There was no 2 hours update since that date.

2. Record review revealed Staff C received 4 hours of training for assisting with self-administration of medications on / / . There was no 2 hours update since that date.

3. On at 12:30 p.m., the Administrator said she does not know why Staff B and C did not have the 2 hours annual update for assisting with self-administration of medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Cape Villa, Inc.
4216 Sw 5th Place
Cape Coral, FL 33914

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

Fort Myers Field Office
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Fort Myers, FL 33901
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