STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	02/08/2016
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

0000 Initial Comments

An unannounced Biennial survey was conducted on / at Cape West, an Assisted Living Facility located in Cape Coral, Florida.

The following is a list of the deficiencies.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure there was an accurate health assessment for 1 (Resident #1) of 2 resident records reviewed.

The findings included:

On at 1:00 p.m., resident record review of Resident #1 revealed the health assessments indicated that the resident's needs cannot be met in an Assisted Living Facility (ALF) which is not a medical, nursing or facility. The health assessment also indicated that the resident needs medication administration.

During an interview on / at 1:20 p.m. the Manager said that they did not review the health assessment, but the resident is appropriate for the ALF.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to follow the proper procedure for assistance for self-administration of medication for 2 (Resident #1 and #2) of 4 residents observed during the medication pass.

The findings included:

On Staff A was observed crushing medications and putting them in applesauce and then putting them in Resident #1's mouth. Resident #1 did not help with the medication self-administration.

On / Staff A was observed crushing medications and putting them in applesauce and then putting them in Resident #2's mouth. Resident #1 did not help with the medication self-administration.

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During an interview on at 9:05 a.m. Staff A said the residents are not able to help.

During an interview on at 1:00 p.m. the Manager said that the residents are capable of helping; she doesn't know why this happened.

Class III

0078 Staffing Standards - Staff

Based on employee record review and interview, the facility failed to have documented for 4 (Staff A, B, C, D, E, and F) of 4 employee records reviewed, an annual statement stating employee is free from communicable .

The findings included:

On at 12:20 p.m. review of employee records for employees A, B, C, D, E and F failed to show documentation of an annual statement that the employee is free from communicable .

On / at 1:30 p.m., the Manager stated, "I didn't realize they were not done. They will have them done tomorrow."

Class III

0093 Food Service - Dietary Standards

Based on interview and menu review, the facility failed to maintain 6 months of menus on file.

The findings included:

On / at 1:15 p.m., while reviewing the menus, the Manager brought out the 5 week cycle. When asked where the previous 6 months of menus were, she stated she did not know the menus had to be kept on file for 6 months.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 2016.** 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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