STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911767	02/23/2016
NAME OF PROVIDER OR SUPPLIER GULF COAST VILLAGE ASSISTED LI	STREET ADDRESS, CITY, STATE, ZIP CODE 1333 SANTA BARBARA BLVD CAPE CORAL, FL 33991	

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

0000 Initial Comments

A unannounced Biennial and Limited Nursing Services (LNS) survey was conducted on and at Gulf Coast Village Assisted Living Facility, an Assisted Living Facility in Cape Coral, Florida.

The following is description of deficiencies found at the time of the visit.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure 1 (Staff A) of 3 staff reviewed had freedom from ( ) documented annually.

The findings included:

Record review for Staff A found she was hired / . . . . . The most current documentation of freedom from was dated / .

On / at 1:30 p.m. the Vice President of Human Resources Healthcare said there was no other documentation of freedom from for staff A.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure 1 (Staff A) of 3 staff reviewed received the required training in incident reporting and the required training in the facility's elopement response policies.

The findings included:

Record review for Staff A found she was hired / . . . . . The record had no documentation of her having received the require training in incident reporting and the required training in the facility's elopement response policies.

On at 1:30 p.m., the Vice President of Human Resources Healthcare said there was no documentation that Staff A had received the required training in elopement and incident reporting.

Class III

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0082 Training -

Based on record review and interview, the facility failed to have the required ( ) training for 2 (Staff A and D) out of 4 staff records reviewed.

The findings included:

Record review for Staff A (hire date) and Staff D (hire date) did not have evidence that either staff had training.

During Interview with the Assisted Living Manager on at 1:00 p.m., she reported she was not aware training was not done.

Class III

0086 Training - ADRD

Based on record review, observation and interview, the facility failed to ensure 1 (Staff A) of 3 staff reviewed received the required training in and Related (ADRD). This training is required to all staff when the facility holds them out as providing special services to residents with and Related .

The findings included:

Observation on at 11:13 a.m., Staff A was observed providing care for residents in the facility's memory secure unit.

Record review of the facility's advertisement show the facility holds itself out as providing special care for residents with ADRD. Record review for Staff A found she was hired . The record had no documentation that staff A has received the required ADRD Level I or Level II Training.

On at 1:30 p.m., the Vice President of Human Resources Healthcare said there was no documentation that staff A had received the required ADRD Level I or Level II training.

Class III

0090 Training -

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and staff interview, the facility failed to ensure that 4 (Staff A, B, C, and D) of 4 employees sampled received training in the facility's policies and procedures.

The findings included:

1. Record review for Staff A found she was hired / . The record had no documentation of her having received the required training in the facility's policies and procedures for .

On / at 1:30 p.m. the Vice President of Human Resources Healthcare said there was no documentation that Staff A had received the required training in the facility's policies and procedures for .

2. On at 11:55 a.m. review of employee records for Staff B, C, and D revealed no evidence of training in the facility's policies and procedures for .

On at 1:1:15 p.m. the Vice President of Human Resources Healthcare confirmed that there was no evidence of training in the employees' records relating to the facility's policies and procedures for .

Class III

0091 Training - Documentation & Monitoring

Based on observation, record review and interview, the facility failed to have the required certificates for training for 4 (Staff A, B, C, and D) out of 4 Staff Records reviewed.

The findings included:

Record Review of Staff A, B, C, and D revealed no certificates for training.

During Interview with Human Resource Manager on at 12:00 p.m., she reported she was not aware certificates were required.

Class

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NAME OF PROVIDER OR SUPPLIER GULF COAST VILLAGE ASSISTED LI	STREET ADDRESS, CITY, STATE, ZIP CODE 1333 SANTA BARBARA BLVD CAPE CORAL, FL 33991	

SUMMARY STATEMENT OF DEFICIENCIES
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0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to ensure an adequate emergency food supply was maintained at all times.

The findings included:

On at 1:43 p.m., the facility's emergency food supply was reviewed with the facility Chef. The Chef said he was responsible for the food service program for the entire property. The property consist of an independent section, a Skilled Nursings section, and the Assisted Living Facility section. He said the emergency food supply required for the Skilled Nursing section and the Assisted Living Facility section are mixed together. The non-perishable milk and much of the bread and starches were kept in separate cage area of the dry storage area. The proteins, fruits and vegetables for both the Skilled Nursing section and the Assisted Living Facility section were kept in the general food stock area that serves all three sections of the facility.

At the time of the review of the emergency food supply the facility reported that the census for the Skill Nursing section was 80. The census for the Assisted Living Facility section was 70.

The required emergency food supply of protein for the Skilled Nursing section for 7 days is 2,800 oz. The required supply of proteins for the Assisted Living Facility section is 1,260 oz. The required total for both sections is 4,060 oz. The non-perishable protein on hand for the entire facility was 33 cans of beans. Each can was 105 oz. for a total of 3465 oz.

The required emergency food supply of vegetables for the Skilled Nursing Section for 7 days is 4480 oz. The required supply of vegetables for the Assisted Living Facility Section for 3 days is 2520 oz. The required total for both sections is 7,000 oz. The total supply on hand at the time of the review was 48 cans. Each can was 105 oz. for a total of 5040 oz.

Class III

0162 Records - Resident

Based on record review and staff interview, the facility failed to maintain resident records on the premises for 1 (Resident #6) of 2 sampled residents.

The findings included:

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On / at 1130 a.m., record review for Resident #6 revealed no evidence of a contract between the resident/power of attorney and the facility.

On / at 12:21 p.m. the Assisted Living Facility Manager confirmed that a contract had been executed between the resident's power of attorney and the facility but the contract could not be located.

Class

Z816 Background Screening-Compliance Attestation

Based on record review and staff interview the facility failed to ensure level 2 background re-screening every 5 years for 1 (Employee B) of 4 sampled employee records.

The findings included:

On / at 10:00 a.m. record review for Employee B, a Licensed Practical Nurse, revealed a background screening eligible date of / . There was no evidence of a more recent level 2 background re-screening.

On / at 1:15 p.m, the Vice President of Human Resources confirmed that a level 2 background re-screening had not been completed and that an appointment for fingerprinting had been made for employee B for "this afternoon." She also confirmed that the employee will not be employed in a position that involves contact with residents until a satisfactory background re-screening has been completed.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2016

Administrator
Gulf Coast Village Assisted Li
1333 Santa Barbara Blvd
Cape Coral, FL 33991

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2016 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. **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 surveyors. 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
2295 Victoria Avenue, ...
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