STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911654	02/23/2016
NAME OF PROVIDER OR SUPPLIER **JUNIPER VILLAGE AT CAPE CORAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **4920 VICEROY COURT** **CAPE CORAL, FL 33904**	

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

0000 Initial Comments

An unannounced Relicensure survey with a Limited Nursing Services component was conducted through at Juniper Village at Cape Coral, an Assisted Living Facility in Cape Coral, Florida.

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

0081 Training - Staff In-Service

Based on record review of 3 staff training records and interview, the facility failed to have Incident Report Training for 2 (Staff E and F); failed to have Activity of Daily Living (ADL) and Behavioral Needs Training for 2 (Staff F and G); and failed to have Control Training for 1 (Staff F).

The findings included:

1. On / at 10:00 a.m., review of Staff E and Staff F's records showed no Incident Report training.

During an interview on at 10:28 a.m. the Leadership Team Member/Director of Nursing said that they will get the company that does the training for the facility to have a training.

2. On / at 10:00 a.m. review of Staff F and Staff G's records showed no ADL and Behavioral Needs training.

During an interview on / at 10:45 a.m. the Leadership Team Member/Director of Nursing Interview said that the company that does the training for the facility will be coming to do training on .

3. On / at 10:00 a.m. review of Staff F's record showed no Control training.

During an interview on / at 10:45 a.m. the Leadership Team Member/Director of Nursing said that the company that does the training for the facility will be coming to do training on .

Class III

0082 Training - / /

Based on record review and interview, the facility failed to have / Training for 1 (Staff F) of 3 records reviewed.

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	AL11911654	**02/23/2016**
NAME OF PROVIDER OR SUPPLIER **JUNIPER VILLAGE AT CAPE CORAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **4920 VICEROY COURT** **CAPE CORAL, FL 33904**	

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

The findings included:

On / at 10:00 a.m., review of Staff F record showed no / training.

During an interview on at 10:45 a.m. the Leadership Team Member/Director of Nursing said that the company that does the training for the facility will be coming to do training on .

Class III

0090 Training -

Based on record review and interview, the facility failed to have ( )
Training for 1 (Staff F) of 3 records reviewed.

The findings included:

On / at 10:00 a.m. review of Staff F's record showed no training.

During an interview on at 10:45 a.m. the Leadership Team Member/Director of Nursing said that the company that does the training for the facility will be coming to do training on / .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Juniper Village At Cape Coral
4920 Viceroy Court
Cape Coral, FL 33904

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,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com