STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964874	04/05/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CAPE CORAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **1416 COUNTRY CLUB BLVD** **CAPE CORAL, FL 33990**	

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

0000 Initial Comments

An unannounced Relicensure and Limited Nursing Services survey was conducted through at Brookdale Cape Coral, an Assisted Living Facility in Cape Coral, Florida.

The following is a description of the deficiencies:

0010 Admissions - Continued Residency

Based on record review and staff interview, the facility failed to ensure that a complete health assessment (form 1823) was completed in its entirety following a significant change for 1 (Resident #7) of 2 sampled residents.

The findings included:

On at 10:10 a.m., record review of Resident #7 revealed on he was readmitted to the facility after an in-patient stay at a local hospital for treatment of a Left . The left and the hospital inpatient stay constituted a significant change in condition for this resident.

On at 10:20 a.m., further review of the health assessment (form 1823) revealed the health assessment was not completed in its entirety. Specifically, page 5 of the assessment which details the services offered or arranged by the facility for the resident was completely blank with the exception of the resident's name and date of birth.

On at 2:15 p.m. during an interview with the interim Administrator she confirmed page 5 of the health assessment which was completed following the significant change to Resident #7 was blank. She also said, "It's my fault. He came back Friday and i had it on my list of things to do and then you folks showed up on Monday."

Class III

0081 Training - Staff In-Service

Based on employee record review and staff interview the facility failed to provide the required staff in-service training for 3 (Staff A, C, and D) of 4 employee records sampled.

The findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964874	04/05/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CAPE CORAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **1416 COUNTRY CLUB BLVD** **CAPE CORAL, FL 33990**	

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

On / at 12:05 p.m. employee record review of Staff A (Date of Hire:) revealed no evidence of in-service training in the areas of; control, resident rights in an assisted living facility, safe food handling and elopement response policies and procedures. On at 2:00 p.m., Staff A confirmed that she does sometimes serve food in the dining .

On at 12:10 p.m. employee record review of Staff C (Date of Hire:) revealed no evidence of in-service training in the areas of; emergency preparedness, neglect and and elopement response policies and procedures.

On at 12:15 p.m. employee record review of staff D (Date of Hire:) revealed no evidence of in-service training in the areas of; reporting major incidents, resident rights in an assisted living facility, emergency preparedness and elopement response policies and procedures.

On / at 2:15 p.m. during an interview with the interim Administrator she confirmed the required trainings were missing and she could not locate any of the missing trainings.

Class III

0082 Training - /

Based on employee record review and staff interview, the facility failed to ensure training on / for 1 (Staff C) of 4 employee records sampled.

The findings included:

On / at 12:20 p.m. employee record review of Staff C (Date of Hire:) revealed no evidence of in-service training on / .

On at 2:15 p.m. during an interview with the interim Administrator she confirmed the required training was missing and she could not locate any of the missing trainings.

Class III

0090 Training -

Based on employee record review and staff interview, the facility failed to provide ( ) training for 3 (Staff A, C and D) of 4 employee records sampled.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964874	**04/05/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CAPE CORAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **1416 COUNTRY CLUB BLVD CAPE CORAL, FL 33990**	

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

The findings included:

On ../.. at 12:35 p.m. employee record review of Staff A (Date of Hire: ....), C (Date of Hire: .....), and D (Date of Hire:) revealed no evidence of training in the area of .

On at 2:15 p.m. during an interview with the interim Administrator she confirmed the required trainings were missing and she could not locate any of the missing trainings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Cape Coral
1416 Country Club Blvd
Cape Coral, FL 33990

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

sh
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