STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967943	R
NAME OF PROVIDER OR SUPPLIER **LA COLONIA 1 ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **830 NE 10TH LANE** **CAPE CORAL, FL 33909**	

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

0000 Initial Comments

An unannounced revisit survey was conducted on / at La Colonia 1 ALF, Inc. an Assisted Living Facility in Cape Coral, Florida. This was a follow-up to the re-licensing survey completed on .

The following is description of the deficiencies.

L243 LMH - Training

Based on record review and interview, the facility failed to ensure that 2 (Staff C and D) of 3 staff records reviewed had Limited Mental Health Training.

The findings included:

1. Record review for Staff C found she was hired on / / . She had no certificate of completion for Limited Mental Health Training.

2. Record review for Staff D found she was hired on . She had no certificate of completion for Limited Mental Health Training.

3. On at 9:31 p.m., the facility manager said Staff C and D were scheduled to attend the Limited Mental Health Training on / / . They were both sick that day and were unable to attend. She provided a written statement that the facility did not intend to renew its specialty license for Limited Mental Health. They currently have 4 censuses and have a capacity of 5. The 4 residents are not Limited Mental Health Residents.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967943 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LA COLONIA 1 ALF, INC	830 NE 10TH LANE CAPE CORAL, FL 33909

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0010	Correction	ID Prefix A0026	Correction	ID Prefix A0030	Correction
Reg. # 429.26(1&9) FS; 58A-5.0181(4) FAC	Completed	Reg. # 58A-5.0182(2) FAC	Completed	Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed
LSC		LSC		LSC	
ID Prefix A0078	Correction	ID Prefix A0081	Correction	ID Prefix A0092	Correction
Reg. # 58A-5.019(2) FAC	Completed	Reg. # 58A-5.0191(2) FAC	Completed	Reg. # 58A-5.020(1) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0093	Correction	ID Prefix A0167	Correction	ID Prefix AZ815	Correction
Reg. # 58A-5.020(2) FAC	Completed	Reg. # 58A-5.025 FAC	Completed	Reg. # 408.809, 435.02(2), 435.06	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☑	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
		6-1-16	Jenny Alters, HSE II	6-1-16
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON 3/22/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
La Colonia 1 Alf, Inc
830 Ne 10th Lane
Cape Coral, FL 33909

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on May 24, 2016 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 and Revisit Report

YOSF

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