STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969134	**12/27/2016**
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK 4**	STREET ADDRESS, CITY, STATE, ZIP CODE **1433 SE 30TH TERR CAPE CORAL, FL 33904**	

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

0000 - Initial Comments

An announced initial licensure survey was conducted on at Cairn Park 4, an assisted living facility in Cape Coral, Florida.

The following is description of the deficiencies:

0009 - Admissions - Admission Package - 58A-5.0181(3) FAC; 400.0078(2)

Based on record review and interview, the facility failed to ensure the admission packet contained all required policies and procedures.

The findings included:

Record review revealed the admission packet did not include the elopement policy or the administration/housekeeping schedules. The , neglect, and policy did not address the inappropriate use unauthorized photographs.

On at 10:00 a.m., the licensed practical nurse, Executive Director verified the information was present in the admission packet provided.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and interview, the facility failed to ensure adequate eating ware was available; the facility failed to have a cycle of menus approved by a registered dietician.

The findings included:

On at 9:30 a.m., a tour of the kitchen revealed the facility had stocked four dinner plates and four matching soup bowls. The facility had no drinking glasses on site. The facility applied for a license with a capacity of 5.

On at 10:00 a.m., the facility menus were requested. The licensed practical nurse, Executive Director said there was no menu on site for review.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969134	12/27/2016
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK 4**	STREET ADDRESS, CITY, STATE, ZIP CODE **1433 SE 30TH TERR** **CAPE CORAL, FL 33904**	

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

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a safe living environment and failed to ensure residents in a secured area would have access to outdoor areas.

Florida Building Code
434.4.6 Security. External boundaries of a facility or a distinct part of a facility, including outside areas, may be secured using egress control or perimeter control devices if the following conditions are met.
434.4.6.2 Residents residing within a secured area are able to move freely throughout the area, including the resident's apartment, and all common areas, and have access to outdoor areas on a regular basis and as requested by each resident.

The findings included:

On at 8:40 a.m., a tour of the facility was conducted. The following was noted:
Grab bar was missing at the shower entrance in the back .
Stain on the carpet in the fifth .
Dining and 1 of 4 chairs were unstable and rocked when touched. There was no matching 5th chair and the table was not designed to accommodate 5. The facility applied for license with a capacity of 5.

In the kitchen by the refrigerator, the cabinet base was scarred and unable to be sealed.
The exit from the living lanai was observed to be hazardous because of the sliding door tracks and metal bar with exposed wing nuts used for hurricane shutters. This would require the resident to step over 5 inches and down two inches. There is no hand rail to provide stability.

The exit to the lanai was secured and the residents could not freely move about all common areas. The arrangement of living , coffee table, dining and chairs did not allow for free movement. A resident with walker or wheelchair would not be able to access this area.

On at 9:00 a.m., the licensed practical nurse, Executive Director, said she was concerned with misplacing the key fob used for access to lock doors in facility. She confirmed the above issues with the physical plant.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969134	**12/27/2016**
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK 4**	STREET ADDRESS, CITY, STATE, ZIP CODE **1433 SE 30TH TERR CAPE CORAL, FL 33904**	

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

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to ensure facility records were available for review at the time of the survey.

The findings included:

On at 10:00 a.m., the licensed practical nurse, Executive Director was asked for the admission discharge log form, the licensed nursing services progress note and monthly nursing assessment forms. The licensed practical nurse, Executive Director said corporate did not tell her what forms or records she needed to bring. She verified she had no forms or records available for review on site.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to maintain personnel records for each staff member.

The findings included:

On at 10:00 a.m., the personnel records of initial staff were requested. The licensed practical nurse, Executive Director confirmed that no employee records were available on site. There was no documentation of background screening, control or medication training, or first aid and certification for any staff.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to ensure resident record forms were available for review.

The findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969134	**12/27/2016**
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK 4**	STREET ADDRESS, CITY, STATE, ZIP CODE **1433 SE 30TH TERR CAPE CORAL, FL 33904**	

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

On 12/27/16 at 10:00 a.m., the licensed practical nurse, Executive Director was asked for the demographic data form, the weight record form, the medication observation record form, and the medication administration record for unlicensed staff form. The licensed practical nurse, Executive Director said corporate did not tell her what forms or records she needed to bring. She verified she had no forms or records available on site for review.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to ensure the contract failed to include all required information.

The findings included:

Record review revealed the resident contract failed to include an rate for residency and referral to social services clause, if services required beyond scope, and explanation of [redacted] and [redacted] services.

On [redacted] at 10:00 a.m., the licensed practical nurse, Executive Director confirmed the above items were not available in contract provided.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Cairn Park 4
1433 Se 30th Terr
Cape Coral, FL 33904

Dear Administrator:

This letter reports the findings of an initial state licensure survey that was conducted on , 2016 by 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 , 2017.** 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 239-335-1235.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS:
Enclosure: State (5000-3547) Form

XG90

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