STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966983	**05/16/2017**
NAME OF PROVIDER OR SUPPLIER **OMEGA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1209 NW 35TH PLACE** **CAPE CORAL, FL 33993**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Omega Group Home, an assisted living facility (license #11174) located in Cape Coral, Florida.

The following is a description of the deficiencies.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on a review of the facility's activity calendar and observations, the facility failed to provide residents with the scheduled activities.

The findings included:

A review of the facility's activity calendar for showed the scheduled activities were sittersize at 10:00 a.m., and music listening at 10:30 a.m.

Observations from 9:00 a.m., through 12:00 p.m., showed the residents were watching television. The direct care staff did not offer them these activities.

An interview was conducted with the administrator on at 12:20 p.m. She said the residents do activities every day.

Class III

0028 - Resident Care - Activities of Daily Living - 58A-5.0182(4) FAC

Based on observation, resident records reviewed, and resident interview, the facility failed to provide 1 (Resident #1) of 2 residents with assistance with his .

The findings included:

Observation on at 9:40 a.m., revealed Resident #1's fingernails were long and jagged and unshaven.

An interview was conducted with Resident #1 on at 9:40 a.m. He said he needs his fingernails cut and a shave.

A review of Resident #1's health assessment dated showed he requires assistance with all of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966983	05/16/2017
NAME OF PROVIDER OR SUPPLIER **OMEGA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1209 NW 35TH PLACE** **CAPE CORAL, FL 33993**	

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

his Activities of Daily Living, including [illegible].

An interview was conducted with the administrator on [illegible] at 12:30 p.m. She said this will be done.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, resident records reviewed, resident and staff interviews, the facility failed to obtain a doctor's order for 1 (Resident #1) of 2 resident's bed rail and ensure this bed rail is not a

The findings included:

Observation on [illegible] at 9:15 a.m., showed a 1/2 bed rail on Resident #1's bed located at the foot of the bed on one side of his bed. The other side of his bed was against the wall.

An interview was conducted with Resident #1 on [illegible] at 9:50 a.m. He said the bed rails are at the foot of the bed to keep him in bed so he does not get out. He has to get a staff to help him get out of bed. He cannot put this bed rail down.

A review of Resident #1's record showed there was no physician's order for this 1/2 bed rail.

An interview was conducted with the administrator on [illegible] at 9:40 a.m. She said the 1/2 bed rail is used every day. It is used to keep him from falling out of the bed. She reviewed Resident #1's record and was not able to find the physician's order for this 1/2 bed rail.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and staff interview, the facility failed to lock the residents' medications that are centrally stored.

The findings included:

Observations on [illegible] at 9:00 a.m., showed the residents' medications are centrally stored in a closet next to the kitchen. The closet was unlocked and the medication containers for each resident were unlocked.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966983	**05/16/2017**
NAME OF PROVIDER OR SUPPLIER **OMEGA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1209 NW 35TH PLACE** **CAPE CORAL, FL 33993**	

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

An interview was conducted with the administrator on at 9:00 a.m. She said the medications are always locked.

Observations on at 10:00 a.m., 11:00 a.m., and 12:30 p.m., showed the closet for these medications for all the residents was unlocked.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and staff interview, the facility failed to show proof of 1 hour in-service training in incident reporting within 30 days of employment of 1 (Staff B) of 2 employees files reviewed.

The finding included:

A review of Staff B's personnel record showed no documentation of 1 hour in-service training in incident reporting.

An interview was conducted on at 1:10 p.m., with the administrator. She said she did not have documented proof that Staff B had the 1 hour in-service training in incident reporting.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and staff interview, the facility failed to show proof of 1-hour in-service training policies & procedures regarding & elopement response within 30 days of employment of 1 (Staff B) of 2 employees reviewed.

The findings included:

A review of Staff B's personnel record showed no documentation of 1 hour in-service training in policies & procedures regarding Do Not Resituate Order ( ) & elopement response.

An interview was conducted with the administrator on at 1:10 p.m. She said she did not have documented proof that Staff B had the 1 hour in-service training in policies & procedures regarding & elopement response.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966983	05/16/2017
NAME OF PROVIDER OR SUPPLIER **OMEGA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1209 NW 35TH PLACE** **CAPE CORAL, FL 33993**	

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

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on resident records reviewed and staff interview, the facility failed to follow 1 (Resident #1) of 2 residents' contract by not providing him a 30 day notice of a rate increase.

The findings included:

A review of Resident #1's contract dated showed he will pay $2,500.00 a month. A review of his contract showed the facility will provide him a 30 day notice of a rate increase.

A review of the checks Resident #1's responsible party paid for Resident #1's rent for and , 2017 showed she is paying $2,900.00 a month for Resident #1. Further review of Resident #1's record showed there was no documentation showing he received a 30 day notice of his rate increase from the administrator.

An interview was conducted with the administrator on at 10:40 a.m. She said she receives the extra $400.00 a month. She reviewed Resident #1's record and confirmed there is no documentation showing he received a 30 day notice of a rate increase.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on staff interview and a company staff interview, the facility failed to review their Comprehensive Emergency Management Plan (CEMP) annually.

The findings included:

An interview was conducted with the administrator on at 10:50 a.m. She said her CEMP is being reviewed by a company she hired to do this.

An interview was conducted with the company owner on at 10:55 a.m., by phone. She said the facility's CEMP has been submitted to the county for approval for 2017 but she has not heard back from them. The last time this CEMP was updated and approved by the county was 11/2015.

Class III