STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965819	**09/27/2017**
NAME OF PROVIDER OR SUPPLIER **CAPE VILLA, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **4216 SW 5TH PLACE** **CAPE CORAL, FL 33914**	

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

0000 - Initial Comments

An unannounced abbreviated state relicensure survey was conducted on at Cape Villa, Inc., an assisted living facility (license #10148), located at Cape Coral, Florida.

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

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and staff interview, facility failed to obtain an annual freedom of statement for 1 (Staff D) out of 3 staff records reviewed.

The findings included:

Record review for Staff D found he was hired as the facility's administrator on . Further review found that the most recent annual freedom from statement for Staff D was dated and expired on .

On at 2:00 p.m., the owner acknowledged the lack of documentation. He said he was planning to see his doctor as soon as possible.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record reviewed, and staff interview, the facility failed to assure that 1 (Staff A) out of 3 staff records reviewed included evidence of annual completion of 2 hour continuing education in assistance with self administration of medication.

Findings included:

During an observation on at 8:15 a.m., it was found that Staff A (Resident Care Assistant/Medication Technician) assisted Resident #1 and #2 with their self administration of medications.

Record review for Staff A found she was hired on and last obtained a 2 hour continuing education in assistance with self administration of medications on . Her training expired on .

During an interview on at 11:45 a.m., Staff A acknowledged she assist residents with their self

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965819	**09/27/2017**
NAME OF PROVIDER OR SUPPLIER **CAPE VILLA, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **4216 SW 5TH PLACE** **CAPE CORAL, FL 33914**	

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

administration of their medications.

During an interview on at 2:00 p.m., the owner acknowledged the lack of training and said she will assure all staff will receive in service as soon as possible.

Class III