STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969291	**11/07/2017**
NAME OF PROVIDER OR SUPPLIER **LA COLONIA III ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1221 NW 12TH PL** **CAPE CORAL, FL 33993**	

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

0000 - Initial Comments

An announced initial licensure survey was completed on to for La Colonia III (License number pending), an assisted living facility in Cape Coral, Florida.

The following is a 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 was complete at the time of initial survey. Failure to ensure new admissions have a complete packet may lead to lack of information and miscommunication.

The findings included:

1. On and , a review of the contract revealed the requirement for an Agency for Health Care Administration Resident Assessment AHCA Form 1823 to be completed upon a significant change of the resident and at least every 3 years, was missing on pages 4 and 6 of the contract.

On at 2:00 p.m., the administrator and manager verified the information was not in the contract. The missing information was not provided by .

2. On and , a review of the admission packet revealed the following facility's policies were missing:
4. Resident elopement;
5. Reporting resident , neglect, and ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and universal precautions; and
8. The requirements for coordinating the delivery of services to residents by third party providers.

A grievance policy addressed the in-house grievance procedure, but failed to included referral to the State Ombudsman program if a grievance could not be resolved.

On at 2:30 p.m., the administrator and manager verified the information was not present. The missing information was not provided by .

Class III

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

Based on record review and interview, the facility failed to ensure staff had all required training for 3 (Staffs C, D, and E) of 5 staff files reviewed. Failure to provide adequate training as required has the potential to lead to inadequate care of the elderly.

The findings included:

On , caregiver, cook, and housekeeping Staff C's file revealed she was hired on at a sister facility of the corporation as a caregiver. A review of the file did not find training in control.

On , caregiver, cook, and housekeeping Staff D's file revealed she was hired in 2011. A review of the file did not find training in residents rights and recognizing and reporting neglect and , .

On , Staff E's Level 2 background screening was received along with a work schedule showing Staff E as working the night and day shifts. No other documentation including all required trainings were provided for Staff E.

On interview on at 1:30 p.m., the administrator and manager verified Staff C had worked for the corporation since and Staff D since 2011. They said they did not realize Staff C and D were both missing required training. The documentation was not provided by .

Class III

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

Based on record review and interview, the facility failed to ensure all staff who will be assisting with self-administration of medications completed the required training and demonstration for 3 (Staffs A, D, and E) of 5 staff reviewed. Failure to completed the required medication training has the potential to mismanage an elderly resident's medications.

The findings included:

On , caregiver, cook, and housekeeping Staff D's file revealed she was hired in 2011. A review of the file did not find a 4 hour course in medication assistance. A 2 hour course dated was present.

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On , administrator Staff A's file revealed she had a 2 hour course in medication assistance on and . The review did not find documentation of the 4 hour medication assistance training as required.

On , Staff E's Level 2 background screening was received along with a work schedule showing Staff E as working the night and day shifts. No other documentation including medication trainings were provided.

On at 1:30 p.m. the administrator and manager verified the trainings were not present in the files. They did not know where the training documentation was. The documentation was not provided by .

Class III

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

Based on record review and interview, the facility failed to ensure each personnel file was complete for 4 (Staff A, C, D, and E) of 5 staff records reviewed. And failed to ensure the written work schedule was accurate and understandable.

The findings included:

1. On , administrator Staff A's file revealed she had a 2 hour course in medication assistance on and . The review did not find documentation of the 4 hour medication assistance training as required.

On , caregiver, cook, and housekeeping Staff C's file revealed she was hired on at a sister facility of the corporation as a caregiver. A review of the file did not find training in control.

On , caregiver, cook, and housekeeping Staff D's file revealed she was hired in 2011. A review of the file did not find training in residents rights and recognizing and reporting neglect and , . A review of the file did not find a 4 hour course in medication assistance. A 2 hour course dated was present.

On , caregiver Staff E's Level 2 background screening was received along with a work schedule showing Staff E as working the night and day shifts. No other documentation including all required trainings were provided for Staff E.

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On interview on at 1:30 p.m., the administrator and manager verified Staff C had worked for the corporation since and Staff D since 2011. They said they did not realize Staff C and D were both missing required training. The documentation was not provided by . The administrator and manager verified the medication trainings were not present in the files for Staffs A, D or E. They did not know where the training documentation was. The documentation was not provided by .

2. A review of the written work schedule revealed a paper titled WORK SCHEDULE to 2017.
The schedule showed weeks to , the next 5 weeks.
Each week had 3 slots for Sunday through Saturday.
The first slot showed the hours of 7:00 a.m. to 7:00 p.m. with OFF on Saturday.
The next slot had 7:00 p.m., to 7:00 a.m. with OFF on Friday.
The third slot had 7:00 a.m. to 7:00 p.m. with OFF on Sunday.

Each of the 5 weeks show:
Staff C shows as working 7:00 p.m. to 7:00 a.m. with OFF on Friday;
Staff D shows as working 7:00 a.m. to 7:00 p.m. Sunday through Friday and OFF on Saturday plus working 7:00 a.m. to 7:00 p.m.. Monday through Saturday and OFF on Sunday; and
Staff E shows as working 7:00 a.m. to 7:00 p.m. Sunday through Friday and OFF on Saturday plus working 7:00 a.m. to 7:00 p.m.. Monday through Saturday and OFF on Sunday plus working 7:00 p.m., to 7:00 a.m., Saturday through Thursday with OFF on Friday.

The Administrator Staff A and manager Staff B do not show on the work schedule.

Class III

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

Based on record review and interview, the facility failed to ensure the demographic data form included all required information. The demographic data form serves as a cover sheet of the residents personal information. Failure to ensure the form is complete has the potential to not have vital information readily available in an emergency situation.

The findings included:

On , a review of the demographic data sheet found no area for a case manager's name, address, and phone number. On a review of an amended form submitted for desk review

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revealed no area for the case manager's address.

On at 1:30 p.m. the administrator and manager verified the demographic data sheet did not contain the case managers information.

Class III

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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to ensure staff had a eligible level II background screening for 1 (Staff C) of 4 staff files reviewed. Failure to ensure all staff are screened/re-screened has the potential to allow ineligible people access to the elderly and their personal possessions.

The findings included:

On , caregiver, cook, and housekeeping Staff C's file revealed she was hired on at a sister facility of the corporation. The background screening was completed on .

On interview on at 1:30 p.m., the administrator and manager verified Staff C had worked for the corporation from to when she returned to Cuba, then moved to Texas. They said she returned to Florida in to work. They verified Staff C has worked for them since . They said they did not realize a 90 day break in service required being re-processed for a new background screening. The eligible screening was not provided by .

Unclassified