STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968426	R 12/28/2017
NAME OF PROVIDER OR SUPPLIER **LA COLONIA II ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **637-639 SE 12TH CT** **CAPE CORAL, FL 33990**	

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 II ALF Inc, an assisted living facility (license number #12331) in Cape Coral, Florida.
This was a follow-up to the relicensure survey completed on .

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

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

Based on observation, record review, and interview, the facility failed to honor residents' right related to being free from physical for 1 (Resident #9) of 9 residents present in the facility.

The finding included:

On at 9:15 a.m., Resident #9 was observed laying in bed. The bed was observed to have two half rails on one side of the bed in the raised position. The bed was located so the opposite side of the bed was located against the wall. The resident was not able to lower the rails or to get out of the bed with the side rails up.

On at 10:40 a.m., Resident #9 was observed sitting on the couch. She was observed to ambulate with a walker with assistance. The Office Assistant said Resident #9 is able to reposition her self.

Record review for Resident #9 found no physicians order for the use of bed rails. There was no informed consent form signed by Resident #9's representative.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on interview and record review, the facility failed to honor a resident's contract to provide a 30 day written notice of rate increase for 1 (Resident #8) of 3 residents' records reviewed.

The findings included:

During an interview on at 1:00 p.m., Resident #8's daughter said her father's monthly rate is $1,800.00.

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Record review for Resident #8 found a contract signed on . The monthly rate on the contract is $1,300.00. There was no documentation of a written notice being provided for a rate increase.

During an interview on at 1:35 p.m., the facility's Office Assistant said that in the family paid $1,300.00 and the insurance company paid $1,100.00. This is a total of $2,400.00. In , the family paid $1,800.00 and the insurance company paid $699.78. This was a total of $2,499.78.

Class III