STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to ensure the Agency for Health Care Administration Clearinghouse Employee/Contractor Roster was kept up-to-date within 10 business days of hire or termination for 4 (Staff E, F, G, and H) of 12 current staff reviewed and 4 prior staff (Staff L, M, N, and O) who were no longer employed. Failure to enter staff onto the Clearinghouse Roster may allow staff with a disqualifying offense to have access to residents and prevent the system from alerting the facility when a disqualifying offence had been reported.

The findings included:

1. A review of the facility's Clearinghouse Roster and Staff Schedule for to revealed 4 current staff were not listed on the roster.
Assistant Administrator Staff E was hired on . Caregivers Staff F and Staff G were hired on and Caregiver Staff H was hired on . None of these 4 staff appeared on the Clearinghouse Roster. Staff E had worked 200 days, Staff F and Staff G had worked 80 days and Staff H had worked 68 days without being added to the roster.

2. Further review of the roster found 4 prior employees, Staff L, M, N, and O, had been hired on , , , and respectively. The staff did not appear on the Staff Schedule for to . No "end date" was documented on the roster for these former employees.

3. On at 5:15 p.m., Managers Staff D and E did not know the exact dates of separation for Staff L, M, N, and O, but confirmed they had been gone more than 10 business days. They also verified Staff E, F, G, and H were not added to the roster even though they had worked more than 10 business days.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and staff interview the facility failed to ensure staff who may provide personal care or services directly to clients or have access to client funds, personal property, or living areas have an eligible level 2 background screening for 3 (Staff F, G, and H) of 12 current staff reviewed. Failure to have background screening may allow staff with a disqualifying offense to have access to residents.

The findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	01/02/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

1. Review of records revealed Caregivers Staff F and Staff G were hired on and Caregiver Staff H was hired on . Staff F and Staff G had worked 80 days and Staff H had worked 68 days without being added to the roster. There was no eligible level 2 background screening for Staff F, G, or H.

2. On at 2:10 p.m., Managers Staff D and E said Caregiver Staff F, G, and H were not actually employees, only staff-in-training and therefore they had not received the trainings yet. They acknowledged the 3 staff were being paid and were providing personal care to residents. Managers Staff D and E verified Staff F and G had worked 80 days and Staff H had worked 68 days without an eligible level 2 background screening.

Unclassified

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

Based on record review and interview, the facility failed to ensure that every 5 years after a level 2 background screening each staff will be re-screened for 1 (Staff C) of 6 staff employed over 5 years or whose screening is . Failure to provide a timely rescreening has the potential to allow staff with a disqualifying offense to have access to residents.

The findings included:

1. Record review on revealed Caregiver Staff C was hired on . His level 2 background screening expired on but did not have a rescreening. Staff C's rescreening was over 5 months overdue.
A review of the facility's Staff Schedule from to showed Staff C worked on from 11 a.m. to 7:30 p.m., and was scheduled to work on from 11 p.m. to 7 a.m.

2. On at 5:15 p.m., Managers Staff D and E said acknowledged Staff C's screening expired in this year and Staff C had not been scheduled for a rescreening.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

0000 - Initial Comments

An unannounced relicensure survey was completed on at Cape West, an assisted living facility (license # 11886) in Cape Coral, Florida. The survey began on as abbreviated but was expanded to a standard biennial.

Due to a Class II deficiencies in the area of medications (A052 and A054) under Chapter 429.256 Florida Statutes (F.S.) and Chapter 58A-5.0185 Florida Administrative Code (F.A.C.), in accordance with 58A-5.033(3)(a) F.A.C., the facility must:
Employ a Licensed Consultant Pharmacist other than the pharmacist currently consulting for the facility. The initial onsite Consultant Pharmacist visit must take place within 7 days of the facility receiving this report.
The facility must have available for review by the Agency a copy of the Consultant Pharmacist's license.
The Consultant Pharmacist must develop a written plan of action for addressing the deficient medication practices identified in the statement of deficiencies.
The facility must submit the Consultant Pharmacist's corrective action plan to the Agency no later than 10 working days subsequent to the initial onsite consultant visit.
The facility must provide the Agency with, at a minimum, quarterly on-site corrective action plan updates until the Agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required.

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 a complete admission packet was available for new admissions to the facility. Failure to provide a complete admission packet leads to a lack of necessary information and may lead to misunderstanding between the resident or their representative and the facility.

The findings included:

1. On review of Residents #4 and #6's files found incomplete contracts.

2. On at 6:00 p.m., an admission packet was provided by manager Staff E who said it contained everything they give to the resident or family member at the time of admission. Review of the admission packet revealed the following:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

a. Demographic Data sheet did not contain a place to note the resident's nor the addresses of the physician and case manager.
b. The grievance policy included, "1. Grievance forms to be available to staff, resident/family members located next to the resident/family information board and outside the social worker's office [the facility had neither a resident/family information board nor a social services office]. 2. Complete grievance forms are to be given to the appropriate department for the grievance to be addressed... Completed grievance forms are to be given to the social worker and placed in the resident grievance binder in the Social Worker's office and logged into the Resident Grievance binder..."
This policy is not tailored to the 10-bed facility which has no Social worker, nor does it speak to resolution of a grievance, the time frame for such and the documentation of the grievance, resolution, and notification.
c. The Resident's Right for Self-Determination in End of Life Decisions Acknowledgement did not not include the facility's policy for honoring ( ) Orders. It was not included anywhere else in the admission packet.
d. Safety and device procedure speaks to . Florida Statute 429.41(1)(k) restricts the use of physical to a half-bed rail prescribed by the doctor and consented to by the resident's representative and evaluated annually.
e. The Handbook included "Comprehensive Care Management Program" with
"1. Needs Assessment
2. Time Based Level of Care
3. Notification of Change in Level of Care
4. Basic Included in Rent
5. Basic Plus Supervised (supervision with ALDs)
6. Basic Plus Personal Care (hands on assistance with ADLs)"
However, this information is not in the contract.
f. "Acquisition and Refilling of Medication", did not explain the manner the medications must be packaged, yet requires compliance by the family.
g. "Private Duty Aides" speaks to removing or excluding private duty aides from the facility for violation of laws or policies. The facility has no inherent authority to remove a resident's contracted person.
h. The admission packet and/or Resident Handbook did not include the following:
1. Admission and retention policy;
2. Resident Bill of Rights;
3. Ombudsman brochure;
4. policy;
5. Medication storage policy;
6. Elopement policy;
7. Reporting , neglect and , policy;

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	01/02/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

8. Administration scheduled availability;
9. control, sanitation, and universal precaution policy;
10. Third party coordination policy (including coordination of communications)
11. Advanced Directives and order policy

3. On at 1:30 p.m., Staff E acknowledged the admission packet was incomplete and she asked for a written list of missing information.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and staff interview, the facility failed to determine the continued appropriateness of one (Resident #6) resident of 2 residents reviewed. Resident #6 showed apparent decline.

The findings included:

1. On at 6:35 p.m., Caregiver Staff B was observed to toilet Resident #6. Resident #6 was unable to transfer to the toilet and needed to be lifted on to the commode. The staff member needed to pull down her pants and remove her adult brief, then placed her on the toilet. The resident was unable to participate in any way with the process. Staff B started to undress the resident and get her ready for bed. Resident #6 did not assist with removing her clothes in any way .

2. On at 6:40 p.m., Staff B said that Resident #6 is unable to toilet on her own and she is unable participate in getting dressed or undressed.
On at 6:15 p.m., Manager Staff D said that Resident #6 was taken off hospice several weeks ago and she has not been placed on any other services.

3. On , record review documented that Resident #6 was taken off of hospice care on 11/ .
The Health Assessment dated documented Resident #6 needed supervision for ambulation, bathing, dressing and and was independent in eating, toileting and transfer. No health assessment had been obtained to show this resident's decline in abilities, not when placed on hospice or taken off of hospice.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	01/02/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

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

Based on observation, record review, and resident interview, the facility failed to provide an ongoing activities program that is diversified for individual residents and groups in keeping with each resident's needs, abilities, and interests.

The findings included:

1. On at 11:22 a.m., Resident #1 said there are not any activities for him because he cannot use his arms and hands much.
On at 11:44 a.m., Resident #2 and Resident #3 said there is no real activity program. The indicated the activities written on the facility activity calendar were not taking place.
On 1:08 p.m., the daughter of Resident #4 stated, "There isn't anything [activity program], I put on the TV in her ." Resident #4's daughter said that she comes multiple times a week and has never seen an activity going on.

2. On while observing the facility from 8:30 a.m. to 7:30 p.m. there were no structured activities observed. Residents were observed in their wheelchairs, recliners, sitting at a table in common area, or laying their beds. The TV was turned on.

3. On observation of the activity calendar noted the following activities would take place: morning news, exercises, lunch and trivia time. Of these, only lunch happened which is not considered an activity.

4. On at 3:30 p.m., when asked about activities, Manager Staff D said 2 residents were playing cards at the table in the common area.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on record review, observation, and staff interview, the facility failed to ensure staff properly assist residents with self-administration of medications for 2 (Resident # 4 and #7) of 2 residents observed for medication pass. Failure to provide as ordered renders them far less effective, may prolong the illness, and contributes to resistance.

The findings included:

1. On at 1:26 p.m., Resident #4's chart was noted that on the resident had been

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	01/02/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

prescribed the medication , 500 milligrams (mg) by mouth every 8 hours for 7 days. This medication did not appear on the resident's Medication Observation Record (MOR). It was unknown if the medication had been given according to the doctor's order. The medication was ordered for a condition with acute .
On at 1:27 p.m., the Assistant Administrator Staff E said the doctor was in on Friday and had ordered the medication because Resident #4 was sick and having . Staff E said that she had faxed the order to the pharmacy and they had delivered it to the facility on Friday evening . She acknowledged that she did not document the new medication on the MOR along with times to be given or how many day it was to be given. She acknowledged that there would be no way for staff to know how or when to provide the medication.
On at 1:26 p.m., observation of the medication bottle showed 15 pills remaining of the 21 prescribed leaving 6 missing from bottle. Resident #4 should have received 1 pill Friday evening, then 3 pills each day over the course of the next 7 days. On here should have been 3 pills left at 1:26 p.m. No documentation was found to show the medication had been given to Resident #4 or to explain the 12 pills not given.
On at 9:00 a.m., Resident #4 said she was still having .
On at 9:30 a.m., review of Resident #4's MOR showed that the resident was to receive 4 different pills at 9:00 a.m. and one , patch. The , patch had no time written but the assistant manager, Staff E said that it is put on in the morning every 3 days.

2. Resident #4's MOR showed ordered pain medication , 12 micrograms/hour patch was to be applied to the skin every 3 days (72 hours). The MOR documented the patch being applied on , , , and . The staff applied the patch on and within 2 days, not 3 days as ordered.

3. Resident #4's MOR showed ordered , medication 15 mg once a day at 9 p.m. for appetite. The was signed as given one evening ( ) of the previous13 days.

4. On at 9:30 a.m., Caregiver Staff A was observed taking multiple pill packets out of a drawer marked with a resident's name. She did not check the packet with the various names of the pills in it against MOR. She went directly to Resident #4's , poured the pills into a paper cup, and gave it to the resident. The resident then poured the pills into her hand, picked them up, and put them in her mouth. Staff A then gave the resident a glass of water and the resident drank the water. Staff A did not tell the resident what she was taking or what the pills were for. Staff A did not go back to the MOR and sign out pills until 30 minutes later. Staff A was not observed giving the resident the , 500 mg from the pill bottle, only the medications in the bubble pack.
On at 9:40 a.m., Staff A acknowledged she did not check the packet of medication against the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	01/02/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

MOR before giving the medication to the resident nor did she tell the resident what medication she was taking. She did not check for further medications at that time either.

5. On 1:10 p.m., Caregiver Staff B was observed to take pill packet to Resident #7 sitting at lunch table, rip open packet and pour pill on to spoon. Resident #7 then lifted the spoon to her mouth and took the pill. Staff B then gave the resident a drink of water. Staff B did not tell the resident what pill she was taking.
On 1:20 p.m., Staff B acknowledged that he did not tell the resident what medication he was giving the resident.

Class II

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review, observation and staff interview, the facility failed to maintain an accurate medication observation record (MOR) for 6 (Resident #1, #2, #4, #5, #6, and #7) of 6 MORs reviewed.

The findings included:

1. On at 1:26 p.m., Resident #4's chart included on the resident had been prescribed the medication 500 milligrams (mg) by mouth every 8 hours for 7 days. This medication did not appear on the resident's MOR and it was unknown if the medication had been given according to doctor's order. The medication was ordered for a condition with acute .
On at 1:27 p.m., the Assistant Administrator Staff E said the doctor was in on Friday .
The doctor ordered the medication because Resident #4 was having . Staff E said that she had faxed the order to the pharmacy and they delivered it to the facility on Friday evening . She acknowledged that she did not document the new medication on the MOR along with times to be given or how many day it was to be given. She acknowledged that there would be no way for staff to know how or when to give the medication.
Observation of the medication bottle on at 1:26 p.m., showed there were 15 pills remaining of the 21 prescribed, leaving 6 missing from bottle. Resident #4 should have received 1 pill Friday evening and 3 pills each day over the course of the next 7 days. There should have been 3 pills left on at 1:26 p.m. No documentation was found that the medication had been given to Resident #4, when it had been given, or missed doses.
On at 9:00 a.m., Resident #4 said she was still having .

2. Review of Resident #4's MOR showed pain medication 12 micrograms/hour patch to be applied to the skin every 3 days (72 hours) was documented being applied on , , ,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	01/02/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

and . Staff applied the patch on and within 2 days, not 3 days as ordered.

3. Review of Resident #4's MOR showed medication 15 mg ordered once a day at 9 p.m. for appetite. The was only signed as given one evening ( ) out of the previous 13 days.

4. Review of Resident #1's MOR showed that a pain medication that could be given every 6 hours as needed. This pain medication was signed out but no time was recorded to help staff to know when the resident could safely take it again.

5. Review of Resident #6's MOR showed that a medication that was ordered every 4 hours as needed. The medication was signed out every day but had no time was noted to help staff to know when the resident could safely take it again.

6. Review of the MORs for Resident #2, Resident #5, and Resident #7 showed medications given without designated time noted.

7. On at 1:27 p.m., Assistant Administrator Staff E acknowledged that the MORs did note the time the medications were given. These should be documented on all "as needed" medication.

Class II

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

Based on observation and staff interview the facility failed to properly dispose of prescription and unlabeled over-the-counter (OTC) medications for residents who had been discharge from the facility for greater that 30 days. The facility also failed to properly store current residents' medications in a safe and secure place.

The findings included:

1. On an observation of the medication and treatment cart reveled multiple prescription and OTC medications for residents who were discharged more than 30 days prior. Several of the prescription medications were not labeled with any resident name and were being stored in the unlocked treatment cart. The observation included inhalation breathing treatment medication, medications for , and multiple others. Some of the medications were over 1½ years

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	01/02/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

old and expired 9 months ago.
During an interview on at 9:33 a.m., Manager Staff D acknowledged that the residents who the medications belonged to were discharged. She admitted that she did not know what the regulations say about medication storage and disposal.

2. On at 9:39 a.m.,observation of the medication cart (with all current residents' medications in it) found it unlocked. The door leading to the unlocked medication open and offered free access to the medication by any resident, other staff, and visitors.
On at 9:40 a.m., Manager Staff D acknowledged that the medication cart was open and should be locked at all times and that the door to the medication be closed and locked when not in use.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and staff interview the facility failed to maintain properly labeled "as needed" (prn) prescription medication for six (Resident #1, #2, #4, #5, #6, and #7) of six Medication Observation Records (MORs) reviewed.

The findings included:

1. Review of Resident #1's MOR showed that a pain medication was ordered to be given every 6 hours "as needed." The order did not specify what the medication was for or what criteria it was to be given for. The medication was signed out, but no time was recorded to help staff to know when the mediation could be given again. The facility failed to get revised instructions for this "as needed" medication.

2. Review of Resident #6's MOR showed that medication that was ordered every 4 hours "as needed," The order did not specify what the medication was for or what criteria it was to be given for. The medication was signed out, but no time was recorded to help staff to know when the mediation could be given again. The facility failed to get revised instructions for this "as needed" medication.

3. Review of Resident #2, #5 and #7 showed "as needed" medication given without designated time noted or when the medication could be given again.
On at 1:27 p.m. in interview Manager Staff E acknowledged that the MORs did not have noted time that the medication was given which should be documented on all "as needed" medication.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	01/02/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observation, record review and interview, the facility failed to ensure managers had successfully completed the Assisted Living Facility (ALF) Core training requirements and passed the competency test within 3 months from the date of becoming a facility manager for 2 (Staff D and E) of 2 managers currently employed.
The Administrator failed to supervise the operation of the facility and care of residents as evidenced by:
Failure to ensure staff had a level 2 background screening for 4 (Staff C, F, G, and H) of 12 staff reviewed.
Failure to ensure within 30 days of employment each staff submit a communicable statement from a health care provider and/or evidence of a negative ( ) for 12 (Administrator and Staff A, B, C, D, E, F, G, H, I, J, and K) of 12 employee files reviewed.
Failure to ensure all direct care staff had the required in-services within 30 days of hire for 5 (Staff A, F, G, H and J) of 9 direct care employees reviewed.
Failure to ensure all direct care staff had the required in-service for (/) within 30 days of hire for 4 (Staff A, F, G, and H) of 9 direct care files reviewed.
Failure to ensure a staff member who has First Aid and (FA/) were in the facility at all times for 4 (Staff A, E, F, and H) of 12 personnel files reviewed.
Failure to ensure staff assisting with medications had assistance with medication training 4 hours originally and 2 hours annually thereafter for 8 (Staff B, C, F, G, H, I, J, and K) of 9 direct care staff reviewed.
Failure to ensure the Agency for Health Care Administration Clearinghouse Employee/Contractor Roster was kept up-to-date within 10 business days of hire or termination for 4 (Staff E, F, G, and H) of 12 current staff reviewed and 4 prior staff (Staff L, M, N, and O) who are no longer working.
Failure to ensure staff who provide personal care or services directly to clients or have access to client funds, personal property, or living areas had eligible level 2 background screening for 3 (Staff F, G, and H) of 12 staff reviewed.
Failure to ensure level 2 background re-screening was done for 1 (Staff C) of 6 staff employed over 5 years or whose screening is .
Failure to determine the continued appropriateness of one (Resident #6) resident of 2 residents reviewed.
Failure to provide an ongoing activities program that is diversified and in keeping with each resident's needs, abilities, and interests.
Failure to ensure staff properly assist residents with self-administration of medications for 2 (Resident # 4 and #7) of 2 residents observed for medication pass. Medication for acute was not provided

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL CAPE CORAL, FL 33914**	

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

as ordered.

The findings included:

1. Personnel record review on revealed Caregivers Staff F and Staff G were hired on and Caregiver Staff H was hired on . A review of their personnel files found no applications with references checks, no eligible level 2 background screenings, no freedom from communicable statements and no or few required trainings. Caregiver Staff F had only control and on before the date of hire. Caregiver Staff G had only first aid and .

2. Record review revealed the Administrator had no freedom from statement for 2014, 2015, or 2016.

3. Record review revealed Caregiver Staff A was hired on . The record showed Staff A had 16 hours of required trainings on .
On at 5:00 p.m., Caregiver Staff A did not recall ever working 16 hours nor having a 16 hour training session. She said she received training but did not know the dates or times.
Staff A's communicable statement was obtained on , more that 30 days after hire.
Staff A's file lacked first aid training. On she was observed working alone from 9:00 a.m. to 11:00 a.m.

4. Record review revealed Caregiver Staff B was hired on . The file had no documentation of an annual statement from 2010 to 2016, and no documentation of 2-hour annual medication training from 2014, 2015, 2016, and 2017.

5. Record review revealed Caregiver Staff C was hired on . Staff C had a level 2 background screening which expired on and was not re-screened. The file had no statement for 2017, and had no documentation of 2-hour medication up-date for 2016.

6. Record review revealed Manager Staff D was hired on . The file had no documentation of ALF Core training or passing the competency testing, had no documentation of an annual statement for 2012, 2014, 2015, or 2016, and had no no documentation of 2-hour annual medication training for 2012, 2014, or 2016.

7. Record review revealed Manager Staff E was hired on . The file had no documentation of ALF Core training or passing the competency testing, had no documentation of communicable statement within 30 days of hire, and had no documentation of first aid training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL CAPE CORAL, FL 33914**	

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

8. Record review revealed Caregiver Staff I was hired on 11/ . The file had no documentation of annual statement for 2014 or 2016, and had no documentation of 2 hour annual medication training for 2015 or 2016.

9. Record review revealed Caregiver Staff J was hired on . The file had no documentation of freedom from communicable within 30 days of hire, no documentation of annual statement for 2016, had no documentation of Resident Rights or training, and had no documentation of 2-hour annual medication training for 2014, 2015, 2016, or 2017.

10. Record review revealed Caregiver Staff K was hired on . The file had no documentation of annual statement for 2015 or 2016, and had no documentation of 2 hour annual medication training for 2011, 2012, 2013, 2014, 2015, or 2016.
On at 2:10 p.m., Managers Staff D and E said Caregivers Staff F, G, and H were not actually employees, only staff-in-training. The Managers said because the 3 staff were never alone, they did not need to have a level 2 background screening yet. They agreed the staff were being paid, were providing personal care to residents, and had access to the residents and their belongings. Managers Staff D and E verified Caregiver Staff F and G had worked 80 days and Caregiver Staff H had worked 68 days without a level 2 background screening.

11. On , a review of the facility's Clearinghouse Roster and Staff Schedule for to revealed 4 current staff were not listed on the roster. Assistant Administrator Staff E was hired on ; Caregivers Staff F and G were hired on ; and Caregiver Staff H was hired on . None of these staff appeared on the Clearinghouse Roster. Caregiver Staff E had worked 200 days, Staff F and G had worked 80 days and Staff H had worked 68 days without being added to the roster.
Further review of the Clearinghouse Roster found 4 prior employees, Staff L, M, N, and O, had been hired on , , , and respectively. The 4 former employees had no "end date" documented on the roster. These staff did not appear on the Staff Schedule for to .

On at 5:15 p.m., Managers Staff D and E said Caregivers Staff L, M, N, and O had been gone more than 10 business days but did not know the exact dates of separation. The Managers also verified Staff E, F, G, and H were not added to the roster even though they had worked well over 10 business days.

12. During observation on at 6:35 p.m., Caregiver Staff B toileted Resident #6. Resident #6 was unable to transfer to the toilet and need to be lifted on to the commode. The Staff B needed to pull down her pants and remove her adult brief, then placed her on the toilet. The resident was unable to

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	01/02/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

participate in any way with the process. Staff B then started to undress the resident and get her ready for bed. Resident did not assist in any way with removing her clothes.
On at 6:40 p.m., Caregiver Staff B said that Resident #6 is unable to toilet on her own and she is unable participate in getting dressed or undressed.
On at 6:15 p.m., Caregiver Staff D said that Resident #6 was taken off hospice several weeks ago and she has not been placed on any other services.

13. On at 11:22 a.m., Resident #1 said there are no any activities for him because he cannot use his arms and hands much.
On at 11:44 a.m., Resident #2 and #3 said there is no real activity program and said the activities that were written on the facility activity calendar were not taking place.

On 1:08 p.m., the daughter of Resident #4 stated, "There isn't anything [activities], I put on the TV in her ." Resident #4's daughter said that she comes multiple times a week and she has never seen an activity going on.
On observations from 8:30 a.m. to 7:30 p.m. found no structured activities. Residents were observed in there wheelchairs, recliner, or sitting at table in common area or laying their beds. The TV was turned on.
On the activity calendar noted the following activities would take place: morning news, exercises, lunch, and trivia time. Of these only lunch took place which is not considered an activity.

14. On at 9:30 a.m., Caregiver Staff A was observed taking multiple pill packets out of a drawer marked with a resident's name. She did not check packet with the various names of the pills in it against Medication Observation Record (MOR). She went directly to resident's , poured the pills into a paper cup, and gave it to the resident. The resident then poured the pills into her hand, picked them up, and put them in her mouth. Staff A then gave the resident a glass of water and the resident drank the water. Staff A did not tell the resident what she was taking or what the pills were for. Staff A is not a nurse. Staff A did not go back to the MOR and sign out pills until 30 minutes later.
On at 9:40 a.m. in interview Caregiver Staff A she acknowledged she did not check the medication packet against the MOR before giving the pills to the resident and acknowledged she did not tell the resident what medication she was receiving.
On 9:30 a.m., review of Resident #4's MOR showed that the resident was to receive 4 different pills at 9:00 a.m. and one patch. The patch had no time written. Assistant Manager Staff E said the patch it is put on in the morning every 3 days.
On at 9:00 a.m., Resident #4 said she was still having .
On at 1:26 p.m., Resident #4's chart included on the resident had been prescribed the medication 500 milligrams (mg) by mouth every 8 hours for 7 days. The medication was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	01/02/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

ordered for a condition with acute . This medication did not appear on the resident's MOR and it was unknown if the medication had been given. Observation of the medication bottle showed there were 15 pills remaining of the 21 prescribed, leaving 6 missing from bottle. Resident #4 should have received 1 pill Friday evening and 3 pills each day over the course of the next 7 days. There should have been 3 pills left at this time.
On 1:10 p.m., Caregiver Staff B was observed taking a pill packet to resident sitting at the lunch table. Staff B ripped open packet and poured pill on to spoon. The resident then lifted the spoon to her mouth and took the pill. Staff B then gave the resident a drink of water. Staff B did not tell the resident what pill she was taking. Staff B is not a nurse.
On 1:20 p.m., Staff B acknowledged that he did not tell the resident what medication he was giving her.

Class II

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

Based on record review and interview, the facility failed to ensure each staff submits a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of employment. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement and/or evidence of a negative examination must be documented on an annual basis for 12 (Administrator and Staff A, B, C, D, E, F, G, H, I, J, and K) of 12 employee files reviewed.

The findings included:

1. Record review revealed no communicable (CD) statement within 30 days of hire for Staff A, F, G, and H.
Caregiver Staff A was hired on , but a CD statement was not completed until or 56 days after hire.
Caregiver Staff F was hired on , but no CD statement was submitted by .
Caregiver Staff G was hired on , but no CD statement was submitted by .
Caregiver Staff H was hired on , but no CD statement was submitted by .

2. Record review revealed Assistant Administrator Staff E was hired on . Her freedom from CD statement was dated , more than 10 months before hire. A new communicable statement was not completed within 30 days of hire.

3. Record review revealed no annual negative ( ) statements for the Administrator and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

Staff B, C, D, I, J, and K.
The Administrator open the first facility on . The administrator's file contained freedom from CD/ statements dated . There was none from 2014, 2015, or 2016.
Caregiver Staff B was hired on . The file contained only a CD/ statement from , no prior statements were present in the file.
Caregiver Staff C was hired on . The file contained a CD/ statement from . There was no statement for 2017.
Manager Staff D was hired on . The file contained CD/ statement from ; no statements were present in the file for 2012, 2014, 2015, or 2016.
Caregiver Staff I was hired on 11/ . The file contained CD/ statement from ; no statements were present in the file for 2014 or 2016.
Caregiver Staff J was hired on . The file contained only a CD/ statement from , no prior statements were present in the file.
Caregiver Staff K was hired on . The file contained only a CD/ statements from and , no prior statements were present in the file.

4. On at 5:15 p.m., Managers Staff D and E said they were not aware the personnel files lacked the required documentation.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview, the facility failed to ensure managers had successfully completed and passed the Assisted Living Facility Core Training requirements and competency test within 3 months from the date of becoming a facility manager for 2 (Staffs D and E) of 2 managers employed. Both Cape West and sister facility are without a qualified manager.
Administrators who supervise more than one facility must appoint a separate manager for each facility. An individual serving as a manager must satisfy the same core training and competency test requirements, and continuing education requirements of an administrator. (see 58A-5.019(1)(d) F.A.C.)

The findings included:

1. A review of the Agency for Health Care Administration data base revealed the owner opened an assisted living facility (ALF) in 2002 and a second ALF, Cape West, on .
Record review revealed Manager Staff D was hired on . Staff D's personnel record contained no documentation of completion of ALF Core Training or the competency test.
Record review revealed Manager Staff E was hired on . Staff D's personnel record contained no

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	01/02/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

documentation of completion of ALF Core Training or the competency test. The 90th day from hire was .

2. On at 5:30 p.m., Manager Staff D said she took ALF Core training back in early 2000's. She admitted she had not maintained the 12 hours of continuing education units (CEUs) every 2 years nor had she ever taken the competency test. She felt she did not need to do either since she was not an administrator.
On at 5:45 p.m., Manager Staff E said she had just taken the ALF Core Training recently but had not attempted the test. She said she was not aware she only had 90 days from hire to take the ALF Core Training and pass competency testing.

Class III

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

Based on record review and interview, the facility failed to ensure all direct care staff had the required in-services to be able to do their jobs within 30 days of hire for 5 (Staff A, F, G, H and J) of 9 direct care files reviewed. Failure to ensure staff are trained for their job duties has the potential for services to be provided incorrectly or for or neglect to go unrecognized.

The findings included:

1. Record review revealed Caregiver Staff A was hired on . Personnel record documented Staff A had 16 hours of training, all the required in-services on , a single day.
On at 5:00 p.m., Caregiver Staff A did not recall ever working 16 hours nor having a 16 hour training session. She said she received training but did recall dates or times.
On at 5:30 p.m., Manager Staff D and E said they assumed Caregiver Staff A's documented trainings occurred over the course of days and was just incorrectly documented all on one day. They agreed they were not present for any of the training and could not verified the exact dates for each training.

2. On , record review for Caregiver Staff F and G revealed they were hired on . Both personnel files lacked any of the required trainings which was due by .

3. Record review revealed Caregiver Staff H was hired on . The personnel file lacked any of the required trainings.

4. Record review for Caregiver Staff J was hired on . The personnel file had no documentation

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	01/02/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

of Resident Rights training or , neglect, and , training.
On at 5:30 p.m., Manager Staff D and E said they were not aware Staff J had no documentation of resident rights and , neglect and , training.

4. On at 2:10 p.m., Managers Staff D and E said Caregiver Staff F, G, and H were not actually employees, only staff-in-training and therefore they had not received the trainings yet. They acknowledged the 3 staff were being paid and were providing personal care to residents. Managers Staff D and E verified Staff F and G had worked 80 days and Staff H had worked 68 days without completing the required trainings.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure all direct care staff had the required in-service in / , (/) within 30 days of hire for 4 (Staff A, F, G, and H) of 9 direct care files reviewed. Failure to ensure staff are trained for their job duties has the potential for services to be provided incorrectly.

The findings included:

1. Record review revealed Caregiver Staff A was hired on . Personnel record revealed Staff A had 16 hours of training, all the required in-services including 4 hours of / on a , single day.
On at 5:00 p.m., Caregiver Staff A did not recall ever working 16 hours nor having a 16 hour training session. She said she received training but did recall the dates or times.
On at 5:30 p.m., Manager Staff D and E said they assumed Staff A's documented trainings occurred over the course of days and was just incorrectly documented all on one day. They agreed they were not present for any of the training and could not verified the exact dates for each training.

2. On , record review for caregivers Staff F and G revealed they were hired on . Both personnel files lacked / training which was due by .

3. Record review revealed caregiver Staff H was hired on . The personnel file lacked any / training.

4. On at 2:10 p.m., Managers Staff D and E said Staff F, G, and H were not actually employees, only staff-in-training and therefore they had not received the trainings yet. They

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	01/02/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

acknowledged the staff were being paid and were providing personal care to residents. Managers Staff D and E verified Staff F and G had worked 80 days and Staff H had worked 68 days without the required trainings.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation, record review and interview, the facility failed to ensure a staff member who has First Aid and ( ) were in the facility at all times for 4 (Staff A, E, F, and H) of 12 personnel files reviewed. Failure to ensure staff have current FA/ training can result in delayed care or when first aid or is needed.

The findings included:

1. Observation on at 8:30 a.m. found Caregiver Staff A and Staff I were the only staff present in the facility at that time. Staff I left shortly after, but missed her bus and returned for an hour. Staff A remained working alone until Staff B arrived at 11:00 a.m., that day.

2. Review of the Staff Schedule from to revealed on both Caregiver Staff A and B were to work until 7:00 p.m. Caregiver Staff H was scheduled to work from 7 p.m. to 11:00 p.m., by herself. Staff C was to relieve her at 11:00 p.m.
On Caregiver Staff A worked alone from 6:45 a.m. to 3:30 p.m. No one was scheduled to from 3:30 p.m. to 11:00 p.m. on .
On and Caregiver Staff H worked from 3:00 p.m. to 11:30 p.m.. Staff I was not scheduled until 11:00 p.m.
On Staff H worked from 6:45 a.m. to 3:15 p.m. Staff G was not scheduled until 3:00 p.m.
Further review revealed Caregiver Staff A was scheduled on from 6:45 a.m. until 7:00 p.m. alone and Staff H was scheduled alone for a shift on , , , , and .

Record review of personnel files revealed Caregiver Staff A had no First Aid training currently on file. Caregiver Staff H had not First Aid or on file. Manger Staff E also had no First Aid in her personnel file.

3. On at 5:30 p.m., Managers Staff D and E said they were unaware staff did not have First Aid and . They said even though the schedule showed they were working alone Staff H was not. They were unable to offer any proof of who worked the shift with her.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

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 staff assisting with medications had the required 4-hour initial training and 2-hour annual update thereafter for 8 (Staff B, C, F, G, H, I, J, and K) of 9 direct care staff reviewed. Failure to ensure staff are trained for their job duties has the potential for medications to be provided incorrectly.

The findings included:

1. Record review revealed Caregivers Staffs F and G hired on and Caregiver Staff H hired on . They each worked alone during hours which medications were to be given, but had no training in assistance with self-administration of medications from a registered nurse or pharmacist.
Record review revealed Caregiver Staff B, hired on , had 2-hour trainings in assistance with medication on , , and . There was no 4-hour original training in Staff B's file and no 2-hour update in 2014, 2015, 2016 or 2017.
Record review revealed Caregiver Staff C was hired on . She had 4 hour training in and . The file had no 2 hour up-date for 2016.
Record review revealed Caregiver Staff I was hired on 11/ . She had the 4-hour training on and . No 2-hour update was present for 2015 or 2016.
Record review for Caregiver Staff J was hired on . She had the 4-hour training on and . No 2-hour updates were present for 2011, 2012, 2013, 2014, 2015 or 2016.
Record review for Caregiver Staff K was hired on . She had 4-hour trainings on and . No 2-hour updates were present for 2011, 2012, 2013, 2014, 2015 or 2016.
A review of the Staff Schedule for to showed Caregiver Staff F was scheduled to work alone on and at the sister facility from 11:00 p.m. to 7:30 a.m.
A review of the Staff Schedule for to showed Caregiver Staff G worked alone on and from 7:00 p.m. until 7:00 a.m. and on from 3:00 p.m. to 11:00 p.m. The schedule showed Staff G was to work alone on and from 7:00 p.m. to 7:00 a.m. and again on from 3:00 p.m. to 11:00 p.m.
A review of the Staff Schedule for to showed Caregiver Staff H worked alone and from 3:00 p.m. to 11:00 p.m. and was scheduled to work alone on from 7:00 p.m. to 11:00 p.m., on , and from 3:00 p.m. to 11:00 p.m., and on from 7:00 p.m. to 11:00 p.m.

2. On at 5:40 p.m., Managers Staff D and E said they were unaware the staff did not have the annual 2-hour trainings. Staff D and E further said Staff F, G, and H did not work alone yet, even though

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	01/02/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

the staff schedule had them working alone. The managers were unable to show documentation of who worked with the caregivers.

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on record review and staff interview, the facility failed to ensure a qualified individual is responsible for total food services and the day-to-day supervision of food service staff. Completion of the food and nutrition services module of the Assisted Living Facility Core training is required.

The findings included:

1. Review of employee files for Manager Staff D and E showed that they did not have Assisted Living Facility (ALF) Core Training and could not assume responsibility for the facility's food service.

2. Review of Staff D's personnel record found no documentation of ALF Core Training. In interview on at 5:30 p.m., Manager Staff D said she took ALF Core training back in early 2000's. She admitted she had not maintained the 12 hours of continuing education units (CEUs) every 2 years.

3. Review of Staff E's pesonnel file found no documentation of ALF Core Training. In interview on at 2:37 p.m., Manager Staff E she indicated that she had not taken to competency test for ALF Core Training to qualify her to supervise food service staff.

Class III

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

Based on record review and staff interview the facility failed to follow the written menu as written, posted, and approved by registered dietitian. The facility failed to keep a food substitution log. The facility failed to keep 6 months of menus in the facility.

The findings included:

1. Review of the menu revealed 1 cup beef stroganoff with 4 oz. of beef, ½ cup egg noodles, ½ cup butternut squash, and ½ cup tapioca pudding.
On 12:40 p.m. observation of lunch revealed staff served beef patties like meat loaf, mac and cheese, broccoli, and cake for desert.
On at 1:06 p.m., Caregiver Staff A was asked why she did not serve items on the menu. She

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL CAPE CORAL, FL 33914**	

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

said, "Well, it is beef."

2. On 1:10 p.m. Manager Staff D was asked why they did not serve items on the menu. She said, "As long as it is beef, does it matter?" The Manager acknowledged that the substitution log was not being used and was blank. The Manager admitted that she was unaware that she needed to keep 6 months of menus in facility.

Class III

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

Based on observation and staff interview, the facility failed to provide safe living environment, free of hazards for 10 resident of the 10 residents observed. There was a hazardous bed rail on Resident #4's bed.

The findings included:

1. "A Guide to Bed Safety..." published by the U.S. Food & Drug Administration (https://www.fda.gov/medicaldevices/productsandmedicalprocedures/generalhospitaldevicesandsupplies/hospitalbeds/ucm123676.htm) outlines potential risks of bed rails that may include strangling, suffocating, bodily injury or when patients or part of their body are caught between rails or between the bed rails and mattress.
On at 8:50 a.m., a removable side rail was observed on Resident #4's bed. The side rail was approximately 14 inches long and was 7 inches above the mattress, which could result in an entrapment issue for the resident. The side rail was placed in the middle of the mattress half the distant from the top of the bed.
On at 2:40 p.m., Manager Staff D and E said that Resident #4's daughter had brought the side rail in and they did not see a problem with it.
Record review of Resident #4's chart did not have a consent signed for side rail on Resident #4's bed.

2. While observing the laundry , it was noted that there was a hole in the ceiling with wires hanging from it. There was a large gap around the area were water hoses came into the facility for the washing machine where rodents could enter the facility from the walls. A box of moth balls was observed on the shelf in the laundry .
On at 9:50 a.m., Manager Staff D said they have had an issue with mice and have used the moth balls to keep them away.
During the laundry , the laundry was very dirty with chipping and cracking concrete that was coming up.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL CAPE CORAL, FL 33914**	

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

On at 9:50 a.m., Manager Staff D said that they have had an issue with the floor and would be getting it resurfaced in the future.

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 complete and accurate personnel records for 12 (Administrator, and Staff A-K) of 12 personnel files reviewed.

The findings included:

1. Record review and interview revealed Caregiver Staff F and Staff G were hired on and Caregiver Staff H was hired on . A review of their personnel files found no applications with references checked, no eligible level 2 background screenings, no freedom from communicable statements and few if any required trainings. Caregiver Staff F had only control and on before the date of hire. Caregiver Staff G had only first aid and , , ( ).

2. Record review revealed the Administrator had no freedom from ( ) statement for 2014, 2015 or 2016.

3. Record review revealed Caregiver Staff A was hired on . Staff A had 16 hours of required trainings on a single day, .
On at 5:00 p.m., Caregiver Staff A did not recall ever working 16 hours nor having a 16 hour training session. She said she received training but did recall dates or times. Caregiver Staff A's communicable statement was obtained on more than 30 days after hire. Staff A lacked first aid training yet on she was observed working alone in the facility from 9:00 a.m. to 11:00 a.m.

4. Record review revealed caregiver Caregiver Staff B was hired on . There was no documentation of an annual statement from 2010 to 2016, and no documentation of 2-hour annual update medication training in 2014, 2015, 2016 and 2017.

5. Record review revealed Caregiver Staff C was hired on . There was a level 2 background screening which expired on and was not re-screened. There was no statement for 2017 and no documentation of 2-hour medication update for 2016.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL CAPE CORAL, FL 33914**	

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

6. Record review for manager Manager Staff D was hired on . There was no documentation of Assisted Living Facility (ALF) Core Training or passing the competency testing. There was no documentation of an annual statement for 2012, 2014, 2015, or 2016, and no documentation of 2-hour annual update medication training for 2012, 2014, or 2016.

7. Record review for Manager Staff E was hired on . There was no documentation of ALF Core Training or passing the competency testing. There was no documentation of communicable statement within 30 days of hire and no documentation of first aid training.

8. Record review for Caregiver Staff I was hired on 11/ . There was no documentation of annual statement for 2014 or 2016, and had no no documentation of 2 hour annual medication training for 2015 or 2016.

9. Record review for Caregiver Staff J was hired on . There was no documentation of freedom from communicable within 30 days of hire, no documentation of annual statement for 2016, no documentation of Resident Rights or training, and no documentation of 2-hour annual update medication training for 2014, 2015, 2016 or 2017.

10. Record review for Caregiver Staff K was hired on . There was no documentation of annual statement for 2015 or 2016, and no documentation of 2-hour annual update medication training for 2011, 2012, 2013, 2014, 2015, or 2016.

11. On at 7:30 p.m., Managers Staff D and E verified they did not realize the personnel records for all staff were missing so much documentation. Staff E said she had looked everywhere and brought what she could find. The personnel records may be maintained at the sister facility.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to ensure a complete and accurate duplicate original contract was in each resident's file for 2 (Residents #4 and #6) of 2 resident records reviewed. The facility failed to ensure the contracts contained all required information. Failure to maintain contracts including addendums may lead to billing irregularities.

The findings included:

1. A review of Resident #6's file revealed a 5 page agreement titled Admission and Financial Agreement

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

SUMMARY STATEMENT OF DEFICIENCIES
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signed on . This agreement was lacking information:
Page 1 ended with Article II General Provisions section A. Third Parties a. Legal Representative.
Page 2 began with item f, and therefore items b-e were missing or possibly the rest of Article II and beginning of Article III.
Page 2 item h. references an Exhibit A, no Exhibit A is attached to the 6 page contract.
Page 2 item i. speaks to the need for a health assessment within 60 days before or 30 day following admissions. It does not contain the requirement for a health assessment when their is a significant change and at least every 3 years.
Page 2 item n. speaks to Exhibit D facility policies and procedures. There was no exhibit D attached.
Page 3 Section D. Term, Transfer and Termination. b. Transfer to Facility Providing a Higher level of Care. does not
include the provision if there is no one to represent the resident, the facility will refer the resident to the local social services for placement.
Page 3 Section D. Term, Transfer and Termination. c. Bed Hold refers to Exhibit C. There is no Exhibit C attached.
Page 3 Section D. Term, Transfer and Termination e. continues with the termination of agreement. It allows for the removal of property and storage of property at the resident's expense. It does not include the verbiage from 429.24 (3)(a) F.S. which allows for storage of personal property at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days advance written notification is given.
Page 4 Article VI Dispute Resolution Procedure 1. Initial Grievance Procedure refers to a Patient Rights Booklet. No booklet was attached.

Resident #6's contract did not contain the following:
Services, supplies, accommodations, social and leisure activities;
Rate;
Ancillary services and charges;
30-day notice of rate increase;
Rights duties and of the resident;
Advanced payment (if any, purpose and refund);
Refund policy;
Religious affiliation;
Medication assistance, informed consent and over-the-counter medications policy;
Facility's policy; and
Beneficiary Designation form.

2. A review of Resident #4's file revealed a 9 page Cape West Admission and Financial Agreement and

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a 4 page Cape West Financial Agreement both signed and dated on . This agreement was lacking information:
Page 2 Article II General Provisions 2. Emergency Services ends in an incomplete sentence.
Page 2 Article II General Provisions 3. Resident handbook is referenced with no handbook included in the record.
Page 3 Article II General Provisions 16. Private Duty Aides. Contract refers to Cape West's policies concerning private duty aides. There was none attached. The contract stated the private duty aide may be removed or excluded from Cape West for violation of such laws or policies. Each resident has a right to employ a private care person and the facility has no authority to limit the resident's right. The facility may provide a written 45-day notice to the resident and show good cause in a court of competent jurisdiction.
Page 4 Article III Regulatory Provisions 2. Refund in the even of Illness, Transfer, or Closure.... Does not include a place for the resident to designate their beneficiary pursuant to 429.27(7) Florida Statutes. This section does not include the provisions for and time frame of refunds.
Page 5 Article V Responsibilities, Personal Property, Records and Release of Information, Term, Transfer and Termination 1. Responsibilities of parties. a. The contract says services are listed in Exhibit A, but no Exhibit A was in the resident's file.
Page 5 Article V Responsibilities, Personal Property, Records and Release of Information, Term, Transfer and Termination 1. Responsibilities of parties. d. The contract says "Cape West will not provide additional services, if any, as set out in Exhibit B, attached hereto and made part hereof, at the rate stated in Paragraph 2 of the Financial Agreement Section." No Exhibit B is attached. Sentence is negative, saying will not instead of will.
Page 5 Article V Responsibilities, Personal Property, Records and Release of Information, Term, Transfer and Termination 1. Responsibilities of parties. h. speaks to the need for a health assessment within 60 days before or 30 days following admissions. It does not contain the requirement for a health assessment when their is a significant change and at least every 3 years.
Page 6 Article V Responsibilities, Personal Property, Records and Release of Information, Term, Transfer and Termination 1. Responsibilities of parties. m. speaks to policies and procedures in Exhibit D. There was no Exhibit D in Resident #4's file.
Page 7 Article V Responsibilities, Personal Property, Records and Release of Information, Term, Transfer and Termination 1. Responsibilities of parties. ii. speaks to needing a higher level of care, but does not include the language for referral to social services if there is no one to represent the resident.
Page 7 Article V Responsibilities, Personal Property, Records and Release of Information, Term, Transfer and Termination 1. Responsibilities of parties. iii. speaks to Exhibit C. There was no Exhibit C in Resident #4's file.
Page 7 Article V Responsibilities, Personal Property, Records and Release of Information, Term, Transfer and Termination 1. Responsibilities of parties. 7. continues with the termination of agreement.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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It allows for the removal of property and storage of property at the resident's expense. It does not include the verbiage from 429.24 (3)(a) F.S. which allows for storage of personal property at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days advance written notification is given.

Review of Resident #4's 4 page Financial Agreement has a blank on page 1 for the monthly fee and a blank for a one-time non-refundable amount for administrative and community fees, which does not explain the purpose of the one-time fee. Reference is made to Exhibit A for personal Services. There is no Exhibit A.
Page 1 agreement item #4 refers to miscellaneous charges set out in Exhibit B. No Exhibit B was in Resident #4's record.
Page 2 section 4. b. Does not include a place for the resident to designate their beneficiary pursuant to 429.27(7) F.S. This section does not include the provisions for and time frame of refunds.
Page 4 includes a community fee cost with no purpose for the fee. Includes the monthly fee of $3,500 "includes depends in addition to Exhibit A." No Exhibit A was in Resident #4's record.

Resident #4's Agreement and Financial Agreement did not include:
Services, supplies, accommodations, social and leisure activities;
Ancillary services and charges;
Advanced payment purpose;
Medication assistance, informed consent and over-the-counter medications policy; and
The facility's policy.

3. An admission packet was requested when the contracts in Resident records #6 and #4 were found to be incomplete:
The admission packet contained a 3-page Cape West Financial Agreement which did not include:
An Exhibit A showing personal services;
An Exhibit B showing ancillary charges (Facility handbook documents to a charge for clinical dietary services of non Cape West Staff, the cost of the services will be charged to the residents).
Section 4. b. does not include a place for the resident to designate their beneficiary pursuant to 429.27(7) Florida Statutes. This section does not include the provisions for and time frame of refunds.
Rights duties and of the resident;
Statement of religious affiliation;
Referral to social services if resident need services beyond the scope of the facility and has no person to represent them;
Health assessment requirement will all times frames.
Medication assistance, informed consent and over-the-counter medications policy; and

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The facility's policy.
Termination of agreement time frames for the resident and facility.

4. On at 6:00 p.m., Managers Staff D and E said they could not understand why Residents #6 and #4 had incomplete contracts in their file. They provided a sample admission packet and verified they felt the sample packet was complete.

Class III