STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967943	01/22/2018
NAME OF PROVIDER OR SUPPLIER **LA COLONIA 1 ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **830 NE 10TH LANE** **CAPE CORAL, FL 33909**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at La Colonia I, an assisted living facility (license #11909) in Cape Coral, Florida.

The following is description of the deficiencies.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and staff interview, the facility failed to obtain a complete health assessment for 2 (Resident #1 & #2) out of 2 residents sampled.

The findings included:

1. Record review for Resident #1 revealed she was admitted to the facility on . The resident's condition had worsened and she was admitted to Hospice on .

Resident #1's initial Health assessment 1823 on record was dated . This form was found incomplete, there was no medication list with dosage filled out.

The most recent resident Health Assessment 1823 form for Resident #1 was dated . It was found incomplete with missing information. The elopement risk section under special precautions, the medication list, and the section where the facility was to indicate what services will be provided were left blank. This form was also not signed by an Administrator from the facility and did not indicate the resident was under Hospice care.

Further record review for Resident #1 showed a Health Assessment 1823 form dated . This form was also missing information. The elopement risk section under special precautions, the medication list, and the section where the facility was to indicate what services will be provided were left blank.

2. Record review for Resident #2 found she was admitted to the facility on . There was an incomplete Health Assessment 1823 form dated . The form was missing the resident's height and weight, the services that were to be provided by the facility, and the Administrator's signature on page 5.

During an interview on at 3:50 p.m., the Administrator acknowledged the lack of appropriate documentation. He said he will make sure that all Health Assessments will be completed as required from now on.

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Class III

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

Based on observation and staff interview, the facility failed to ensure that centrally stored medications are kept locked at all times.

The findings included:

During an observation while touring the facility on at 8:00 a.m., the medication cart located in the facility dining/living was found unlocked.

During an interview on at 8:30 a.m., Caregiver Staff A realized that the medication cart was unlocked. She said that was an oversight.

During an observation on at 12:00 p.m., Caregiver Staff A unlocked the medication cart in order to provide assistance with self administration of medications to Resident #3. She forgot to lock the medication cart after she completed the assignment. The medication cart remained unlocked for the duration of the survey.

During an interview on at 3:55 p.m., the Administrator and Caregiver Staff A acknowledged that the medication cart was still unlocked.

Class III

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

Based on observation, record review, and staff interview, the facility failed to ensure that 1 (Staff E) of 4 staff records reviewed included evidence of annual completion of 2 hour continuing education in assistance with self administration of medication.

The findings included:

Record review for Caregiver Staff E found she was hired on . Caregiver Staff E is responsible for assisting residents with their self administration of medication. Record review for Caregiver Staff E found she last obtained a 2 hour continuing education in assistance with self administration of medications on . Her training expired on .

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During an interview on at 4:00 p.m., the Administrator acknowledged the lack of training.

Class III

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

Based on observation and staff interview, the facility failed to ensure a 3-day supply of nonperishable food was on site and available to be used in case of an emergency.

The findings included:

During an observation on at 9:30 a.m., Caregiver Staff A found that there was no milk, fruit, or protein in the cabinet where all emergency food supply was kept. She said they utilized the supply during the recent storm and she forgot to let the owner know that they need to buy more.

During an interview on at 3:55 p.m., the Administrator acknowledged the lack of emergency food supply.

Class III

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

Based on record review and staff interview, the facility failed to ensure that 1 (Staff E) of 4 staff records reviewed had complete employment applications with references.

The findings included:

Record review for Staff E found she was hired as a caregiver on . Further review found that Staff E's application lacked references.

During an interview on at 3:50 p.m., the Administrator acknowledged that Staff E's employment application was incomplete.

Class

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

Based on record review and staff interview, the facility failed to ensure that a revised Emergency Management Plan was reviewed and approved by the local County Emergency Management Agency.

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The findings included:

The Emergency Management Plan review found that facility's plan was modified after the recent hurricane. Record review found a letter addressed to the local county dated indicating changes made but there was no proof of submitting the new plan to the corresponding county. Subsequently, there was no evidence of review or approval from the corresponding county.

During an interview on at 1:00 p.m., the administrator confirmed that the facility's Emergency Management Plan was changed after the recent hurricane. He said they submitted the new plan on after they obtained an estimate from a third party provider for their emergency generator. The Administrator said he did not have proof of submitting the plan to the local County Emergency Management Agency. The Administrator said they will resubmit the plan in order to obtain necessary approval.

Class III

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

Based on record review and staff interview, the provider failed to ensure 2 (Staff D & Staff E) of 4 staff records reviewed had the Level 2 Background screening employment status updated within 10 days on the Agency's Background Screening Clearinghouse website pursuant to chapter 435. This has the potential for staff with disqualifying offenses to have access to adults.

The findings included:

A record review on revealed the hire date for Manager Staff D, . A review of the Agency for Health Care Administration's (AHCA) background screening website on showed that Manager Staff D did not appear on the facility's current employee roster.

During a record review on it was found that Caregiver Staff E was hired on . On , a review of the AHCA's background screening website showed that Staff E did not appear on the facility's current employee roster.

On at 4:00 p.m., the Administrator said he thought all staff were included at the roster.

Unclassified