STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964874	**02/15/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CAPE CORAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **1416 COUNTRY CLUB BLVD** **CAPE CORAL, FL 33990**	

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

0000 - Initial Comments

An unannounced relicensure survey along with a limited nursing services survey was conducted through at Brookdale Cape Coral, an assisted living facility (license number #9358) in Cape Coral, Florida.

The following is description of the deficiencies.

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

Based on resident and staff interviews, observation, and record review, the facility failed to provide a home-like environment for 1 (Resident #9) of 10 residents. Furthermore, the facility failed to ensure that residents had access to security code that allowed them to enter and exit the facility.

The findings included:

1. During an interview on at 10:16 a.m., Resident #9 stated, "I have an issue with the noise. The laundry next door. I can't go to sleep until 11:30 12:00 at night. I talked to the administrator, they know about it. Nothing is done. It is so loud here."

During an interview on at 10:20 a.m., the Administrator said she was unaware of Resident #9's problem with the noise. She said they do not have another available studio for the resident, but when a studio becomes available they will make sure he moves there. The Administrator said the night shift is the most convenient and best time for staff to complete the laundry. When asked if they had notified Resident #9 upon admission that his be located next to the laundry laundry would be done overnight, the Administrator stated, "No, we didn't think it was necessary. I had another resident there for years and never complained of the noise."

During an observation on at 10:30 a.m., it was found that next to Resident #9's a laundry . A commercial size washer and dryer was against the wall. On the opposite side of the wall was Resident #9's bed with the head board against the wall. Med Tech Staff A was requested to turn on the washer and dryer during this observation. A very loud noise was heard from the laundry standing in Resident's #9's .

2. Upon entering the facility on at 9:00 a.m., it was observed that the front door was locked and a staff member had to answer the door when the door bell was rung.

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During an interview on at 9:12 a.m., the Administrator was asked if that was a memory care unit, she replied, "no." When she was asked if the residents were provided the code, so they can enter and exit the facility when they want, she replied, "No. We do not give them the code. One of the staff has to walk over and open the door for them."

During an interview on at 11:16 a.m., Resident #10 stated, "I have an issue with the door. See you have to wait for someone to come and open the door for you. That is ridiculous. I am telling you. I should be able to come and go as I please. The other day, don't remember when I was with my younger son. He figured out the code to go out. They gave us hell and changed the code. I understand they need a code to come in, but why do I need a code to go out. I want to be able to go out whenever I want. I am a free man."
During an interview on at 11:40 a.m., Resident #3 stated, "I don't like having to ask staff if I want to go out the front door. They will not give me the code. I feel like I'm trapped. I feel safe if I go outside. I'm not going to be walking in the street. I feel like I'm in prison."

During an interview on at 9:15 a.m., the Executive Director and the Administrator said they do not give the access code to residents or their families.

A copy of the facility's policy concerning the community access-door security policy was provided. The policy sstated residents may be given keys/access codes to exterior doors to allow entry to the community, but visitors will not be given keys or access codes.

Class III

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

Based on observation, record review, and staff interview, the facility failed to ensure changes in directions for use of a medication was marked with an alert for 1 (Resident #9) of 1 resident observed. The has the potential for residents to receive an inappropriate dose of medication.

The findings included:

During an interview on at 12:15 p.m., Licensed Practical Nurse (LPN) Staff B was observed providing medication administration to Resident #9. She was observed giving (1) 6.25 mg tablet of and (1) 20 mg tablet of .

The Medication Observation Record (MOR) for Resident #9 had an entry for tablet 6.25 mg

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give 1 tablet my mouth one time a day for . The scheduled administration time was 12:00 p.m. The MOR had an entry for tablet 20 mg give 1 tablet by mouth one time a day for . The scheduled time of administration was 12:00 p.m.

The label on the bottle of indicated tablet 6.25 mg. take 2 tablets by mouth with food two times a day. The bottled had no alert warning attached.

The label on the bottle of indicated tablet 20 mg take 1 tablet by mouth two times daily. The bottle had no alert warning attached.

During an interview on at 12:35 p.m., LPN Staff B said the medication orders for the and the were changed. She provided a physician's order dated for 6.25 mg to be given by mouth daily, with instructions to be given in the morning. She said the medication is currently given in the afternoon. The order also was for 20 mg to be given by mouth once daily.

Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation, record review, and staff interview, the facility failed to ensure over the counter (OTC) medications were labeled with the resident's name. This has the potential for residents' medications to be administered to other residents.

The findings included:

On at 12:15 p.m., Licensed Practical Nurse (LPN) Staff B was observed providing medication administration to Resident #9. She was observed removing a bottle of OTC Centrum Silver Multiple - from the medication cart. A second bottle of OTC D 1000 unit was also removed. Staff B was observed providing these products to the residents.

The bottles were observed not to have the resident's name on them or any identifiers to indicate they belonged to Resident #9.

During an interview on at 12:25 p.m., LPN Staff B said the bottles of OTC did not have the resident's name on them.

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Class III

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

Based on record review and staff interview, the facility failed to ensure that 3 (Staff A, the Administrator, and Staff E) out of 6 staff records reviewed, included freedom of statement on an annual basis.

The findings included:

1. Record review for Certified Nursing Assistant Staff A found she was hired on . Further review found the most recent freedom of statement on record was dated and expired on .

2. Record review for the Administrator found she was hired on . Further review found the most recent freedom of statement on record was dated and expired on .

3. Record review for Licensed Practical Nurse Staff E found she was hired on . Further review found the most recent freedom of statement on record was dated and expired on .

During an interview on at 12:30 p.m., the Administrator said that she and both staff will obtain a physician's statement as soon as possible.

Class III

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

Based on record review and staff interview, the facility failed to ensure that 1 (Staff F) of 6 records reviewed, received a minimum of 1 hour in-service training within 30 days of employment that covers reporting major incidents, adverse incidents, and emergency procedures.

The findings included:

Record review for Certified Nursing Assistant Staff F found she was hired on .

Further review found there was no record of 1 hour in-service training within 30 days of employment that covers reporting major incidents, adverse incidents, and emergency procedures.

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During an interview on [redacted] at 12:30 p.m., the Administrator acknowledged the lack of training.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and staff interview, the facility failed to appropriately document required training for 2 (Staff E and F) of 6 staff reviewed.

The findings included:

1. On [redacted], a request was made for complete staff records, including all trainings.

Record review for Licensed Practical Nurse Staff E found she was hired on [redacted]. There was no documentation for required trainings found in the file.

On [redacted] at 2:00 p.m., the Administrator said she was unable to print out certificates since all trainings were provided online.

On day 2 of the survey, [redacted], the Administrator provided certificates for training. The documentation did not contain the training program agenda.

2. Record review for Certified Nursing Assistant Staff F found she was hired on [redacted]. Record review for Staff B found that documentation of required trainings was incomplete since it did not include the training program agenda.

On [redacted] at 12:30 p.m., the Administrator acknowledged the lack of documentation.

Class

0151 - Physical Plant - Existing Facilities - 58A-5.023(2) FAC

Based on observation, resident and staff interview, and record review, the facility failed to comply with building code 434.4.6.3 of the F.S. This building code states residents capable of entering and exiting without supervision have keys, codes, or other mechanisms to exit the secured area without requiring

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staff assistance.

The findings included:

Upon entering the facility on at 9:00 a.m., it was observed that the front door was locked and a staff member had to answer the door when the door bell was rung.

During an interview on at 9:12 a.m., the Administrator was asked if that was a memory care unit, she replied "no." When she was asked if the residents were provided the code, so they can enter and exit the facility when they want, she replied "No. We do not give them the code. One of the staff has to walk over and open the door for them."

On at 9:15 a.m., the Executive Director and the Administrator said they do not give the access code to residents or their families.

During an interview on at 11:16 a.m., Resident #10 stated, "I have an issue with the door. See you have to wait for someone to come and open the door for you. That is ridiculous. I am telling you. I should be able to come and go as I please. The other day, don't remember when I was with my younger son. He figured out the code to go out. They gave us hell and change the code. I understand they need a code to come in. But why do I need a code to go out. I want to be able to go out whenever I want. I am a free man."

On at 11:40 a.m., Resident #3 stated, "I don't like having to ask staff if I want to go out the front door. They will not give me the code. I feel like I'm trapped. I feel safe if I go outside. I'm not going to be walking in the street. I feel like I'm in prison."

A copy of the facility's policy concerning the community access-door security policy was provided. It says residents may be given keys/access codes to exterior doors to allow entry to the community. Visitors will not be given keys or access codes.

Class III

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

Based on record review and staff interview the facility failed to have an emergency management plan that was approved by the local county emergency management agency within the last year.

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The findings included:

Review of the facility emergency management plan on . . revealed that it was last approved by the local county emergency management agency on . . .

On . . . at 11:30 a.m. the facility administrator said that they submitted a letter to the county emergency management agency for 2017 but it was not approved.

Class III

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

Based on record review and interview, the provider failed to ensure the Employee Roster was updated within 10 days on the Agency's background screening website pursuant to chapter 435 for 2 (Staff C and E) of 6 staff records reviewed. This has the potential for staff with disqualifying offenses to have access to adults.

The findings included:

Record review on , showed Certified Nursing Assistant (CNA) Staff C was hired on .
Review of the Agency's background screening website showed CNA Staff C did not appear on the facility's current employee roster.

Record review on , showed the Licensed Practical Nurse (LPN) Staff E was hired on .
Review of the Agency's background screening website showed CNA Staff C did not appear on the facility's current employee roster.

During an interview on at 1:00 p.m., the Administrator and Business Office Manager said they thought all staff were included on the roster.

Unclassified