STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968426	R 03/20/2018
NAME OF PROVIDER OR SUPPLIER **LA COLONIA II ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **637-639 SE 12TH CT** **CAPE CORAL, FL 33990**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on at La Colonia II ALF Inc, an assisted living facility (license #12331) in Cape Coral, Florida.
This was a second follow-up to the relicensure survey completed on .

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

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

Based on observation, record review, and interview, the facility failed to honor resident's right to be free of bed rails without a physician's order and a written consent for 1 (Resident #7) of 8 residents.

The findings included:

On at 8:45 a.m., Resident #7 was observed in bed. His bed was placed up against the wall. The bed was observed to have 2 half rails attached. One rail was in the up position.

Record review for Resident #7 found no physician's order or a written consent for the use of bed rails.

On at 10:30 a.m., the Administrator's Assistant said they do not have any orders or consent for the use of bed rails for Resident #7.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to provide a 30 day written notice of a rate increase prior to the increase in residents' rate for 2 (Resident #6 and #8) of 8 residents.

The findings included:

Resident #6's contract dated stated the resident's monthly rate is $917.00.

On at 10:30 a.m., the Administrator's Assistant said Resident #6 had an increase in social security payments so they raised his rate. He was not given a 30 written notice of rate increase prior. The rate increase was effective .

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Resident #8's contract dated . . . . . stated the resident's monthly rate is $1,300.00.

On . . . . . at 10:20 a.m., Resident #8's daughter said the facility increased the rate for her father to $1,800.00 effective . The did not provide a 30 day notice. They did provide a 45 day notice dated . . . . On . . the facility had her sign a new contract for $1,800.00/month.

Class III