STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969134	**12/17/2018**
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK 4**	STREET ADDRESS, CITY, STATE, ZIP CODE **1433 SE 30TH TERR** **CAPE CORAL, FL 33904**	

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

0000 - Initial Comments

An unannounced relicensure survey and limited nursing services survey was conducted on at Cairn Park 4, an assisted living facility (license # 12977) in Cape Coral, Florida.

The following is description of the deficiencies.

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and staff interview the facility failed to ensure that the administrator met core competency test requirements. The facility failed to ensure that a qualified manager was appointed.

The findings included:

Record review for the administrator found she was hired on . Further review revealed the administrator completed CORE training on . The administrator was registered to sit for the competency exam on .

The administrator said on at 10:23 a.m., she was aware she became the administrator of the facility some time last year. She said since they had no residents in the facility she did not put emphasis on taking the test. She said she will make sure she takes the test on . She said if she does not pass the exam she will find a qualified administrator to replace her.

The administrator said she was also the administrator of another facility. She said on at 10:25 a.m., that the appointed manager was Staff B. The administrator said she did not have a letter that appointed Staff B as a manager.

On at 10:32 a.m., Staff B confirmed she was the appointed manager. She said she was appointed as facility's manager as of . She said she was an administrator in an other assisted living facility.

Class III

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

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview, the facility failed to ensure 1 (Staff D) of 5 staff records reviewed had an annual statement completed by a healthcare provider the employee was free from .

The findings included:

Employee personnel record review for Staff D found most recent negative statement was dated and expired on .

On at 6:00 p.m., the administrator said she was not currently on the payroll. She said she is a full-time student and she will come to work for the holidays.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and staff interview, the facility failed to ensure that 1 (Staff D) out of 5 staff records reviewed had appropriate training for assisting residents with their self administration of medications.

The findings included:

Record review for Staff D found she was hired on 11/14/16 as a medical assistant. Further review found an initial 4 hour medication training that was dated . There was a 2 hour continuing education training on record that was dated . There was no additional training on record for Staff D.

On at 6:30 p.m., the administrator confirmed that indeed the staff lacked required 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 trainings for 3 (Staff C,D, and E) of 5 staff reviewed.

The findings included:

Record review for Staff C, D, and E found their training certificates did not include agenda and location of training.

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SUMMARY STATEMENT OF DEFICIENCIES
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The administrator acknowledged the lack of documentation on [redacted] at 6:50 p.m.

Class

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

Based on record review and staff interview, the facility failed to obtain an approved comprehensive emergency management plan on an annual basis as required.

The findings included:

Record review revealed the facility submitted an emergency management plan to the local county on [redacted].

The administrator said on [redacted] at 11:30 a.m., the owner was responsible for emergency management plan submission. She said she did not receive any feed after they submitted their plan on [redacted]. She said she did not have any other information to provide.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **CAIRN PARK 4**	STREET ADDRESS, CITY, STATE, ZIP CODE **1433 SE 30TH TERR** **CAPE CORAL, FL 33904**	

SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and staff interview, the facility failed to ensure 1 (Staff B) of 5 staff records reviewed, was included on the facility roster within 10 days of hire. This has the potential for staff with disqualifying offenses to have access to adults.

The findings included:

Record review for Staff B (Manager) found she was hired on . Review of the Agency's clearinghouse employee roster revealed Staff B was not included in the roster.

On at 10:31 a.m., the administrator acknowledged that indeed Staff B was not included in the roster. She also acknowledged that Staff C, D and F were working in other facilities but they are still active in the current facility's roster.

Unclassified