Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967913	A. BUILDING: _____ B. WING _____	R 07/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE WEST	4616-4614 SW 7 PL CAPE CORAL, FL 33914

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments An unannounced revisit survey was conducted on [redacted] at Cape West, an assisted living facility in Cape Coral, Florida. This was the second follow-up to the monitoring survey completed on [redacted]. The following is description of the deficiencies found at the time of the visit.	{A 000}		
{A 054}	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [redacted] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.	{A 054}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A 054}	Continued From page 1 (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to ensure the medication observation record (MOR) for 1 (Resident #10) of 10 residents was accurate and complete. The failure to have an accurate MOR has the potential for residents to be assisted with the wrong medication, the wrong dosage and may expose residents to significant drug interactions and side effects. The findings included: The medication observation record (MOR) for Resident #10 listed 4 medications, including " SOD TAB 10 mg [milligrams], TAB 5 mg, Junuvia TAB 5 mg, and Hydrochlorothiaz". The MOR did not list the direction for use for the medications. The transcribed on the MOR was for 5 milligrams although the label on the bottle and the physician's orders listed 100 milligrams, 1 tablet by daily. The dosage listed on the MOR was significantly lower than the physician's orders. The MOR did not list a dosage for the . The label on the bottle and the physician's order was for , 25 mg, 1 tablet by daily. In addition, the MOR failed to list any the resident may have. On at 10:40 a.m., during an interview with the Administrator she verified the MOR was	{A 054}		

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{A 054}	Continued From page 2 incomplete and inaccurate for Resident #10. Class III	{A 054}		

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