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
	AL11969737	A. BUILDING: _____ B. WING _____	R 12/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GALLERY AT CAPE CORAL	2219 CHIQUITA BLVD S CAPE CORAL, FL 33991

(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 A revisit to a survey was conducted at the Gallery of Cape Coral on 12/29/25. Deficiencies were identified as uncorrected at the time of the survey. Class I deficiencies were found at A032, and a Class II deficiency at A081. A Class I deficiency is a deficiency that the agency determines presents a situation in which immediate correction is necessary because the fac ty's noncompliance has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident receiving care in a fac ty. After an elopement by Resident #1 on 12/15/25, the fac ty failed to provide proper supervision for residents to prevent elopement for the residents in the Memory Care Unit on 12/29/25. Failure to ensure the fire egress door through which Resident #1 and prior residents had eloped from was not secured or supervised for 24 minutes without staff awareness on 12/29/25. 19 of 26 residents on the Memory Care Unit were assessed by 12/28/25 as elopement risks. The fac ty failed to ensure fac ty policies and procedures related to elopement prevention, alarm response, and supervision were implemented, monitored, and enforced. The noncompliance began on 12/15/25 and was found uncorrected on 12/29/25. The Fac ty's Executive Director and Assistant Executive Director were notified of the Uncorrected Class I and Class II deficiencies on 12/29/25 at 5:50 p.m.	{A 000}		

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{A 032}	Continued From page 1	{A 032}		
{A 032} SS=G	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a fac ty. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a fac ty on a temporary emergency basis by the Department of Children and Fa es pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the fac ty must a e, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the fac ty's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at h gh risk for elopement at all times. 2. The fac ty must have a photo identification of at risk residents on file that is accessible to all fac ty staff and law enforcement as necessary. The fac ty's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the fac ty, the resident, or the	{A 032}		

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{A 032}	Continued From page 2 resident's representative. (b) Fac ty Resident Elopement Response Policies and Procedures. The fac ty must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the fac ty and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the fac ty in the event of an elopement. (c) Fac ty Resident Elopement Drills. The fac ty must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the fac ty failed to develop detailed written policies and procedures for training staff on the steps to ensure the fac ty is secured including after an alarm is activated for any reason for 19 (Residents #1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21) at risk for elopement out of 24 residents who resided in the MCU (Memory Care Unit). Failure to ensure the door was reset/locked lead to the fire egress door being unlocked and unsupervised for 24 minutes on 12/29/25 until discovered by the surveyor and another staff 24 minutes later. This is an uncorrected deficiency.	{A 032}		

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{A 032}	Continued From page 3 Florida Administrative Code 59A-36 .011(3)(f) requires: All fac ty staff shall receive in-service training regarding the fac ty's elopement response policies and procedures within 30 days of employment. 1. All fac ty staff shall be provided with a copy of the fac ty's elopement response policies and procedures. 2. All fac ty staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. The findings included: Review of the Fac ty Policy: Elopement Response - Simulated and Actual Date of Issue: 3/22/2024 Last Reviewed 3/26/2024 . . . Program Interpretation and Implementation: It is the responsibility of Team Members to immediately respond to activated door alarms . . . The policy does not include the steps necessary to reactivate and secure doors. On 12/29/25 at 9:15 a.m., the Assistant Executive Director (AED) said the fac ty did not update the Elopement Preparedness Policy or the Elopement Response Policy. She said all community staff were retrained for elopements using the Elopement Preparedness Policy and the Elopement Response Policy. The AED submitted staff gn-in sheets, which she said would verify all staff were retrained. On 12/29/25 at 1:41 p.m., during an interview, Medication Technician (MT) Staff TT was working in the memory care unit. Staff TT said she received the recent elopement training. Staff TT	{A 032}		

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{A 032}	Continued From page 4	{A 032}		

she said if a resident pushes the fire door it will remain locked for 15 seconds. She said after 15 seconds the door will automatically open, because it is a fire door. Staff TT pushed the fire door to demonstrate how it worked. The door unlocked after 15 seconds and a loud alarm sounded. Staff TT said the Medication Technicians are responsible for turning off the alarm and resetting the lock. Staff TT used her key to turn off the alarm, walked away, and went on break.

On 12/29/25 at 2:05 p.m., during an interview, Care Giver Staff SS said she received the elopement training. She said you can tell when the fire door lock has been correctly reset, when you see the fla ng red l ght on the door release bar. In an observation at the time, Staff SS walked to the fire exit door. Staff SS said there is no fla ng red l ght on the handle. She said the fire exit door has not been correctly reset. She demonstrated the door and it immediately opened. The alarm did sound, but the locking mechanism and 15 second delayed egress had not been reset.

** video evidence was obtained**

On 12/29/25 at 2:07 p.m., during an interview, Activity Director/Care Giver Staff D said you must insert the key into the lock on the handle to reset the lock. Staff D said after 10 seconds you will hear a click, and the red l ght will flash. She said the fla ng red l ght means the 15 second lock is reset correctly.

On 12/29/25 at 2:32 p.m., during an interview, MT Staff TT said when the alarm is turned off, the alarm automatically resets. She said when the door l ght is not fla ng the alarm is on. She watched the video of the door observation with

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{A 032}	Continued From page 5 Staff SS and verified she had not reset the 15 second door lock when she opened the door at 1:41 p.m. She said the fac ty did not retrain her to listen for the click. On 12/29/25 at 2:53 p.m. , during an interview, Activity Director/Care Giver Staff D said she had the recent training. She said she was trained on the fire exit door when she started working at the fac ty 7.5 months ago. She said when you see the fla ng red l ght on the door release bar, that means the fire exit door is locked for 15 seconds before it opens. She said she realized on her own, you hear the click before the fla ng l ght. She said she does not walk away from the fire exit door until she sees the fla ng l ght. She said she could not recall if the training included waiting to see the fla ng l ght on the door release bar before walking away. She said you need the 15 second lock to be able to get to the door when a resident is trying to elope. If the red l ght is not fla ng, the door will open without a 15 second delay. On 12/29/25 at 2:55 p.m., the AED said (after the elopement of 12/15/25) they did not retrain staff on the fire exit door. Review of 14 elopement training staff gn-in sheets revealed Staff TT did not receive retraining for elopement procedures on 12/16/25 through 12/28/25. Class II .	{A 032}		
{A 081} SS=G	429.52(1 & 7) FS; 59A-36.011(2-3) FAC Training - Staff In-Service	{A 081}		

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{A 081}	Continued From page 6 429.52 (1)(a) Each new assisted living fac ty employee who has not previously completed core training must attend a preservice orientation provided by the fac ty before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of fac ty residents. Upon completion, the employee and the administrator of the fac ty must gn a statement that the employee completed the required preservice orientation. The fac ty must keep the gned statement in the employee ' s personnel record. (b) Each assisted living fac ty employee must complete the training required under s. 430.5025. However, an employee of an assisted living fac ty licensed as a limited mental health fac ty under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living fac ty employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Fac ty staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011	{A 081}		

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{A 081}	Continued From page 7 (2) STAFF PRESERVICE ORIENTATION. (a) Fac ties must provide a preservice orientation of at least 2 hours to all new assisted living fac ty employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the fac ty administrator must gn a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the fac ty administrator, the preservice orientation must cover: 1. Resident's r ghts; and, 2. The fac ty's license type and services offered by the fac ty. (3) STAFF IN-SERVICE TRAINING. Fac ty administrators or managers shall provide or arrange for the following in-service training to fac ty staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in infection control, including universal precautions and fac ty sanitation procedures, before providing personal care to residents. The fac ty must use its infection control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service	{A 081}		

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{A 081}	Continued From page 8	{A 081}		

training within 30 days of employment that covers the following subjects:
1. Reporting adverse incidents.
2. Fac ty emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident r ghts in an assisted living fac ty.
2. Recognizing and reporting resident abuse, neglect, and exploitation. The fac ty must use its abuse prevention policies and procedures when offering this training.
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living fac ty core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.
(f) All fac ty staff shall receive in-service training regarding the fac ty's resident elopement response policies and procedures within thirty (30) days of employment.
1. All fac ty staff shall be provided with a copy of the fac ty's resident elopement response policies and procedures.
2. All fac ty staff shall demonstrate an understanding and competency in the

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{A 081}	Continued From page 9 implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the fac ty failed to provide elopement retraining for 1 staff (Medication Technician Staff TT) out of 3 staff working in the memory care unit reviewed out of 26 direct care staff. The failure to re-train staff on the door securing procedures allowed the exit door to remain unlocked and unsupervised for 24 minutes before discovery during an observation with another staff. This left the fac ty with an immediate and serious threat for 19 residents assessed as elopement risk residents. This is an uncorrected deficiency. The findings included: On 12/29/25 at 9:15 a.m., the AED (Assistant Executive Director) said all community staff were retrained on elopement procedures. The AED submitted staff gn-in sheets, which would verify all staff were retrained. On 12/29/25 at 1:41 p.m., during an interview, Medication Technician (MT) Staff TT was working in the memory care unit. Staff TT said she received the recent elopement training. In an observation at the time Staff TT she said if a resident pushes the fire door it will remain locked for 15 seconds. She said after 15 seconds the door will automatically open, because it is a fire door. Staff TT pushed the fire door to demonstrate how it worked. The door unlocked	{A 081}		

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{A 081}	Continued From page 10 after 15 seconds and a loud alarm sounded. Staff TT said the Medication Technicians are responsible for turning off the alarm and resetting the lock. Staff TT used her key to turn off the alarm, walked away, and went on break. On 12/29/25 at 2:05 p.m., during an interview, Care Giver Staff SS said she received the elopement training. She said you can tell when the fire door lock has been correctly reset, when you see the fla ng red l ght on the door release bar. In an observation at the time, Staff SS walked to the fire exit door. Staff SS said there is no fla ng red l ght on the handle. She said the fire exit door has not been correctly reset. She demonstrated the door and it immediately opened up. The alarm did sound, but the 15 second delayed egress had not been reset. ** photographic evidence on file** On 12/29/25 at 2:32 p.m., during an interview, MT Staff TT said when the alarm is turned off, the alarm automatically resets. She said when the door l ght is not fla ng the alarm is on. She watched the video of the door observation with Staff SS and verified she had not reset the 15 second door lock when she opened the door at 1:41 p.m. She said the fac ty did not retrain her to listen for the click. On 12/29/25 at 2:53 p.m. , during an interview, Activity Director/Care Giver Staff D said she had the recent training. She said she was trained on the fire exit door when she started working at the fac ty 7.5 months ago. She said when you see the fla ng red l ght on the door release bar, that means the fire exit door is locked for 15 seconds before it opens. She said she realized on her own, you hear the click before the fla ng l ght. She said she does not walk away from the fire	{A 081}		

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{A 081}	Continued From page 11 exit door until she sees the fla ng l ght. She said she could not recall if the training included waiting to see the fla ng l ght on the door release bar before walking away. She said you need the 15 second lock to be able to get to the door when a resident is trying to elope. If the red l ght is not fla ng, the door will open without a 15 second delay. On 12/29/25 at 2:55 p.m., the AED said (after the elopement of 12/15/25) they did not retrain staff on the fire exit door. Review of 14 elopement training staff gn-in sheets revealed Staff TT did not receive retraining for elopement procedures. Class II .	{A 081}		