STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967710	03/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Windsor Of Cape Coral	831 Santa Barbara Rd Cape Coral, FL 33991	

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

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0089 - 429.178 Fs - - Special Care S-S= D
St - A - 0181 - 58a-5.026(2) Fac - Emergency Mgmt - Plan Approval S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:
These are the results of a Biennial and Limited Nursing Services (LNS) survey conducted on through at The Windsor of Cape Coral, an Assisted Living Facility (ALF).

The following is a description of non-compliance.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview, the facility failed to ensure that the heath assessment for 1 (Resident #1) of 3 records reviewed contained the required information.

The findings include:

During record review for Resident #1, who was admitted on , the health assessment was noted to be incomplete. The practitioner completing the assessment failed to indicate whether the resident needed assistance for medication administration and, if so, what type of assistance the resident requires. The practitioner also failed to document the resident's weight and the date the examination was completed.

On at approximately 11:50 a.m., the missing information was discussed with nursing staff.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interviews, the facility failed to maintain an environment to enhance each resident's dignity.

The findings include:

On at 12:00 p.m., during an observation of the lunch meal, residents received Salmon, Brussels sprouts, Wild Rice and Marinated and Wheat Dinner Rolls. Staff was observed cutting up the salmon before the plates left the kitchen area and were delivered to the residents. No residents were provided with a butter knife or butter for their rolls. At 12:14 p.m., the Dietary Aide was asked why butter knives are not given to the residents and she replied that they are not given knives for safety reasons. When asked why residents weren't given butter, she said "Usually they don't give us butter, salt and pepper, some people are on low salt diets."

On at 12:15 p.m., Veal cutlets were served for lunch. Dietary staff was again observed cutting the cutlets before residents were served. Again, residents were not provided with butter knives. The Dietary Aide was asked if any residents were capable of cutting their meat and she said yes and pointed to a gentleman in the back of the dining . His meat had not been cut and he was eating his vegetables. At that time she asked

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the resident aide to give him a knife and he started to cut his meat.

On at 12:45 p.m. during a discussion with the Administrator regarding the lack of butter knives and residents not receiving butter she said it was an easy fix, she's having a staff meeting tomorrow.

On at approximately 1:15 p.m., the Food Manager stated that utensils and condiments are provided and the Resident are supposed to get the supplies for the residents. Food service only delivers the food.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to obtain the following in service training within 30 days of employment for 2 (Staff A and D) of 6 sampled employees: facility's emergency procedure including chain-of-command and staff roles relating to emergency evacuation.

The findings include:

Record review for Staff A (caregiver hired on found an in-service training dated The training instructor was the facility's maintenance director. Maintenance director was not CORE certified.

Further review revealed that there was an in-service training for the same subject given by the facility's Administrator, who is cored certified. The training was dated Training was not completed within 30 days of employment as required.

Record review for Staff D (caregiver hired on found an in-service training dated The training instructor was the facility's maintenance director. Maintenance director was not CORE certified.

Findings were discussed with the Administrator during exit interview on at 4:00 p.m.

Class III

0089-Alzhei - Special Care 429.178 FS
Based on record review and interview, the facility failed to provide 4 hours of initial -specific training developed or approved by the department within 3 months of employment for 3 (Staff A, E, and F) of 6 sampled staff. Furthermore, the facility failed to provide 4 hours of continuing education -specific training developed or approved by the department within 9 months of employment for 1 (Staff F) of 6 sampled staff.

The findings include:

1. Record review for Staff A (Resident Aid hired on found that she completed her initial 4 hours training on and and not within 3 months of employment.

2. Record review for Staff E (LPN hired on found that she completed her 4 hours initial training on by a non-approved Department of Elder Affairs (DOEA) provider. Additional training was found that was dated not within 3 months of employment.

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3. Record review for Staff F (LPN hired on found that she completed her initial 4 training on and not within 3 months of employment. Further review for the same staff found that she completed continuing 4 hour training on and not within 9 months of employment.

4. The findings were discussed with the Administrator during exit interview on at 4:00 p.m.

Class III

0181-Emergency Mgmt - Plan Approval 58A-5.026(2) FAC
Based on record review and interview, the facility failed to submit its emergency management plan for approval to the local county.

The findings include:

Record review revealed that facility submitted its plan to the local county on . Plan was approved through and in the approval letter it was stated that the facility was to provide a copy of its plan to the local office for review no later than 31st each year.

The Administrator acknowledged during interview conducted on at 2:07 p.m., that indeed the facility failed to submit its plan to the local office on or before 31 as required.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on resident observation, record review and staff interview, the facility failed to ensure that 1 (Resident #1) of 2 resident's receiving received the as ordered by the physician.

The findings include:

On at 10:12 a.m., during a tour of the facility, Resident #1 was observed in bed. The resident had at 2 Liters a minute (2L/min.) on via a Nasal Cannula (NC) in place. On at 4:20 p.m., the resident was observed during medication observation and was receiving at 2L/min.

Review of the Limited Nursing Services (LNS) Log, on showed that the resident was receiving LNS for the administration of the The log documents that the LNS services started on and the resident has at 2L via NC PRN Daily at HS & PRN during the day. A physician order is dated for 2 L at HS and PRN as needed during the day.

Review of the Physician Order Sheet for 2014 shows that the resident has an order for at 3 Liters a minute via nasal Cannula PRN Daily and at HS.

Observations of the resident receiving at 2L/min. were discussed with nursing staff and on at approximately 1:30 p.m., Resident #1 was observed receiving at 3L/minute as ordered.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Windsor Of Cape Coral
831 Santa Barbara Rd
Cape Coral, FL 33991

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) survey that was conducted on , 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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