STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	R 03/13/2018
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on at Cape West, an assisted living facility (license #11886) in Cape Coral, Florida.

This was a follow-up to the relicensure survey completed on .

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

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

Based on record review and interview, the facility failed to ensure managers had successfully completed the Assisted Living Facility (ALF) Core training requirements and passed the competency test within 3 months from the date of becoming a facility manager for 2 (Staff D and E) of 2 managers currently employed.
The Administrator failed to supervise the operation of the facility and care of residents as evidenced by: Failure to ensure the Agency for Health Care Administration Clearinghouse Employee/Contractor Roster was kept up-to-date within 10 business days of hire or termination for 4 (Staff E, F, G, and H) of 12 current staff reviewed and 4 prior staff (Staff L, M, N, and O) who are no longer working at the facility.

The findings included:

1. A review of the Agency for Health Care Administration data base revealed the owner opened an ALF in 2002 and a second ALF, Cape West, on .

Record review revealed Manager Staff D was hired on . Manager Staff D's personnel record contained no documentation of completion of ALF Core Training or the competency test.

Record review revealed Manager Staff E was hired on . Manager Staff E's personnel record contained no documentation of completion of ALF Core Training or the competency test. The 90th day from hire was . Manager Staff E failed the competency test on .

During an interview on at 12:30 p.m., Manager Staff D said she took ALF Core training back in early 2000. She admitted she had not maintained the 12 hours of continuing education units (CEUs) every 2 years nor had she ever taken the competency test. She felt she did not need to do either since she was not an administrator.

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During an interview on at 12:45 p.m., Manager Staff E said she took the ALF Core competency recently, but she failed to obtain a passing score. She said she registered for an upcoming exam that will take place on .

2. On , a review of the facility's Clearinghouse Roster revealed 4 current staff were not listed on the roster. Manager Staff E was hired on , Caregiver Staff F and Caregiver Staff G were hired on , and Caregiver Staff H was hired on . None of these staff appeared on the Clearinghouse Roster. Manager Staff E had worked 200 days, Caregiver Staff F and Caregiver Staff G had worked 80 days, and Caregiver Staff H had worked 68 days without being added to the roster.

3. Further review of the Clearinghouse Roster found 4 prior employees, Staff L, Staff M, Staff N, and Staff O, had been hired on , , , and respectively. The 4 former employees had no "end date" documented on the roster.

During an interview on at 8:54 a.m., Manager Staff D said that Manager Staff E told her on the telephone that the clearing house citation was not on the list of the things she had to correct. She said she never updated the roster because she was unaware that was a citation.

During an interview on at 11:15 a.m., Manager Staff E confirmed she did not update the roster. She said she was unaware that the issue was a citation, she thought it was just a suggestion.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview, the facility failed to ensure managers had successfully completed and passed the Assisted Living Facility (ALF) Core Training requirements and competency test within 3 months from the date of becoming a facility manager for 2 (Staff D and E) of 2 managers employed. Both Cape West and sister facility are without a qualified manager.
Administrators who supervise more than one facility must appoint a separate manager for each facility. An individual serving as a manager must satisfy the same core training and competency test requirements, and continuing education requirements of an administrator. (see 58A-5.019(1)(d) F.A.C.)

The findings included:

1. A review of the Agency for Health Care Administration data base revealed the owner opened an ALF in 2002 and a second ALF, Cape West, on .

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Record review revealed Manager Staff D was hired on . Manager Staff D's personnel record contained no documentation of completion of ALF Core Training or the competency test.
Record review revealed Manager Staff E was hired on . Manager Staff E's personnel record contained no documentation of completion of ALF Core Training or the competency test. The 90th day from hire was . Manager Staff E failed the competency test on .

During an interview on at 12:30 p.m., Manager Staff D said she took ALF Core training back in early 2000. She admitted she had not maintained the 12 hours of continuing education units (CEUs) every 2 years nor had she ever taken the competency test. She felt she did not need to do either since she was not an administrator.

During an interview on at 12:45 p.m., Manager Staff E said she took the ALF Core competency recently, but she failed to obtain a passing score. She said she registered for an upcoming exam that will take place on .

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to ensure a complete and accurate duplicate original contract was in each resident's file for 2 (Residents #4 and #6) of 2 resident records reviewed. The facility failed to ensure the contracts contained all required information. Failure to maintain contracts including addendums may lead to billing irregularities.

The findings included:

1. A review of Resident #6's file revealed a contract/agreement titled Admission and Financial Agreement signed on . This agreement was lacking information:
-Page 1 ended with Article II General Provisions section A. Third Parties a. Legal Representative.
-Page 2 began with item F and therefore items B-E were missing or possibly the rest of Article II and beginning of Article III.
-Page 2 item H, references an Exhibit A. There was no Exhibit A attached to the contract.
-Page 2 item I, speaks to the need for a health assessment within 60 days before or 30 days following admissions. It did not contain the requirement for a health assessment when there is a significant change or at least every 3 years, whichever comes first.
-Page 2 item N, speaks to Exhibit D facility policies and procedures. There was no exhibit D attached to

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the contract.
-Page 3 section D, Transfer, and Termination B. Transfer to Facility Providing a Higher level of Care. did not include the provision if there is no one to represent the resident, the facility will refer the resident to the local social services for placement.
-Page 3 Section D, Term, Transfer, and Termination. C. Bed Hold refers to Exhibit C. There was no Exhibit C attached to the contract.
-Page 3 Section D, Transfer, and Termination E. continued with the termination of agreement. It allows for the removal of property and storage of property at the resident's expense. It did not include the verbiage from 429.24 (3)(a) F.S. which allows for storage of personal property at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days advance written notification is given.
-Page 4 Article VI, Dispute Resolution Procedure 1. Initial Grievance Procedure refers to a Patient Rights Booklet. There was no booklet attached to the contract.

Resident #6's contract also did not contain the following:
- Services, supplies, accommodations, social and leisure activities
- Daily or monthly rate
- Ancillary services and charges
- 30-day notice of rate increase
- Rights, duties, and [illegible] of the resident
- Advanced payment (if any, purpose and refund)
- Refund policy
- Religious affiliation
- Medication assistance, informed consent, and over-the-counter medications policy
- Facility's policy
- Beneficiary Designation form

2. A review of Resident #4's file revealed a Cape West Admission Agreement and a Cape West Financial Agreement both signed and dated on .

- Page 2 Article II, General Provisions 2. Emergency Services ended in an incomplete sentence.
- Page 2 Article II, General Provisions 3. Resident handbook was referenced. There was no handbook included in the record or attached to the contract.
- Page 3 Article II, General Provisions 16. Private Duty Aides. The contract referred to Cape West's policies concerning private duty aides. There were no policies attached. The contract stated the private duty aide may be removed or excluded from Cape West for violation of such laws or policies. Each resident has a right to employ a private care person and the facility has no authority to limit the resident's

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right. The facility may provide a written 45-day notice to the resident and show good cause in a court of competent jurisdiction.
- Page 4 Article III, Regulatory Provisions 2. Refund in the event of illness, transfer, or closure.... Did not include a place for the resident to designate their beneficiary pursuant to 429.27(7) Florida Statutes. This section did not include the provisions for and a time frame of refunds.
- Page 5 Article V, Responsibilities, Personal Property, Records and Release of Information, Term, Transfer, and Termination 1. Responsibilities of parties. a. The contract indicated services are listed in Exhibit A. There was no Exhibit A in the resident's file.
- Page 5 Article V, Responsibilities, Personal Property, Records and Release of Information, Term, Transfer and Termination 1. Responsibilities of parties. d. The contract stated "Cape West will provide additional services, if any, as set out in Exhibit B, attached hereto and made part hereof, at the rate stated in Paragraph 2 of the Financial Agreement Section." No Exhibit B was attached.
- Page 5 Article V, Responsibilities, Personal Property, Records and Release of Information, Term, Transfer and Termination 1. Responsibilities of parties. H. indicated the need for a health assessment within 60 days before or 30 days following admissions. It did not contain the requirement for a health assessment when there is a significant change and at least every 3 years whichever comes first.
- Page 6 Article V, Responsibilities, Personal Property, Records and Release of Information, Term, Transfer and Termination 1. Responsibilities of parties. m. speaks to policies and procedures in Exhibit D. There was no Exhibit D in Resident #4's file.
- Page 7 Article V, Responsibilities, Personal Property, Records and Release of Information, Term, Transfer and Termination 1. Responsibilities of parties. ii. speaks to needing a higher level of care, but did not include the language for referral to social services if there is no one to represent the resident.
- Page 7 Article V, Responsibilities, Personal Property, Records and Release of Information, Term, Transfer and Termination 1. Responsibilities of parties. iii. speaks to Exhibit C. There was no Exhibit C in Resident #4's file.
- Page 7 Article V, Responsibilities, Personal Property, Records and Release of Information, Term, Transfer and Termination 1. Responsibilities of parties. 7. continued with the termination of agreement. It allowed for the removal of property and storage of property at the resident's expense. It did not include the verbiage from 429.24 (3)(a) F.S. which allows for storage of personal property at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days advance written notification is given.

Resident #4's Financial Agreement had a blank on page 1 for the monthly fee and a blank for a one-time non-refundable amount for administrative and community fees, which did not explain the purpose of the one-time fee. Reference was made to Exhibit A for personal services. There was no Exhibit A attached. Page 1 agreement item #4 referred to miscellaneous charges set out in Exhibit B. There was no Exhibit B in Resident #4's record.

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Page 2 section 4. B. did not include a place for the resident to designate their beneficiary pursuant to 429.27(7) F.S. This section did not include the provisions for and time frame of refunds.
Page 4 included a community fee cost with no purpose for the fee. It included the monthly fee of $3,500 "includes depends in addition to Exhibit A." No Exhibit A was in Resident #4's record.

Resident #4's Agreement and Financial Agreement did not include:
- Services, supplies, accommodations, social and leisure activities
- Ancillary services and charges
- Advanced payment purpose
- Medication assistance, informed consent and over-the-counter medications policy
- Facility's policy

3. An admission packet was requested when the contracts in Resident #6 and #4's records were found to be incomplete. The admission packet contained a 3-page Cape West Financial Agreement which did not include:
- An Exhibit A showing personal services
- An Exhibit B showing ancillary charges (Facility handbook documents to a charge for clinical dietary services of non Cape West Staff, the cost of the services will be charged to the residents)
- Section 4. b. did not include a place for the resident to designate their beneficiary pursuant to 429.27(7) Florida Statutes. This section did not include the provisions for and time frame of refunds
- Rights duties and of the resident
- Statement of religious affiliation
- Referral to social services if resident need services beyond the scope of the facility and has no person to represent them
- Health assessment requirement will all times frames
- Medication assistance, informed consent, and over-the-counter medications policy
- The facility's policy
- Termination of agreement time frames for the resident and facility

4. On at at 12:00 p.m., Manager Staff D and Manager Staff E said they did not modify the existing contract for Resident #4 and #6, nor any other residents in the facility. They said they were planning on having the residents or representatives sign an addendum, but they did not get to it. They provided the surveyor a sample of the new agreement. The following was missing from the new modified contract:
- Referral to social services if resident requires services beyond the scope of the facility and has no person to represent them
- Health assessment requirement will all times frames

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- Medication assistance, informed consent and over-the-counter medications policy
- Facility's policy
- Termination of agreement time frames for the resident and facility
- Refund policy refer to F.S. 400.424. Chapter has been replaced by chapter 429 as of 2006
- Responsibilities of parties refereed to Exhibit B,C, D. They were not attached to the agreement
- Dispute resolution procedure refereed to FS. 400.23. Chapter has been replaced with chapter 429 as of 2006

During an interview on at 1:30 p.m. Manger Staff D and Manager Staff E acknowledged that the facility's contract/agreement was still incomplete.

Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to ensure the Agency for Health Care Administration Clearinghouse Employee/Contractor Roster was kept up-to-date within 10 business days of hire or termination for 4 (Staff E, F, G, and H) of 12 current staff reviewed and 4 prior staff (Staff L, M, N, and O) who were no longer employed. Failure to include staff on the Clearinghouse Roster may allow staff with a disqualifying offense to have access to residents and prevent the system from alerting the facility when a disqualifying offence had been reported.

The findings included:

1. A review of the facility's Clearinghouse Roster on revealed 4 current staff still were not listed on the roster.

Manager Staff E was hired on , Caregiver Staff F and Caregiver Staff G were hired on , and Caregiver Staff H was hired on . None of these 4 staff appeared on the Clearinghouse Roster. Manager Staff E had worked 200 days, Caregiver Staff F and Caregiver Staff G had worked 80 days, and Caregiver Staff H had worked 68 days without being added to the roster.

2. Further review of the roster found 4 prior employees (Staff L, M, N, and O) had been hired on , , , and respectively. There was no "end date" documented on the roster for these former employees.

During an interview on at 8:54 a.m., Manager Staff D said that Manager Staff E told her on the telephone that the clearing house citation was not on the list of the things she had to correct. She said she never updated the roster because she was unaware that was a citation.

During an interview on at 11:15 a.m., Manager Staff E confirmed she did not update the roster. She said she was unaware that the issue was a citation, she thought it was just a suggestion.

Unclassified