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
	AL11965026	A. BUILDING: _____ B. WING _____	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE FORT MYERS CYPRESS LAKE	7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919

(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 relicensure with extended congregate living, Health Facility Reporting System, generator and visitation monitoring, and complaint survey for #2021015961 and #2022004422 was conducted on though at Brookdale Fort Myers Cypress Lake, an assisted living facility in Fort Myers. Florida. Complaint #2021015961 was substantiated without citation. Complaint #2022004422 was unsubstantiated. The following is a description of the deficiencies.	A 000		
AE210 SS=D	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , , shall not be required to take the assisted living facility core training competency test. (b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , or social needs of frail elderly and persons, or persons with 's or related .	AE210		

AHCA Form 3020-0001

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965026	A. BUILDING: _____ B. WING _____	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE FORT MYERS CYPRESS LAKE	7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919

(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
AE210	Continued From page 1 (c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Extended Congregate Care (ECC) supervisor completed CORE training within 3 months of being appointed ECC supervisor and also failed to ensure the ECC supervisor received 4 hours training in ECC within 3 months of employment and minimum of 4 hours continuing education every 2 years. The facility failed to ensure direct care staff receive Extended Congregate Care (ECC) training provided by the Administrator and or ECC Supervisor for 4 (Staff A, B, C, Health and Wellness Coordinator) of 5 records reviewed. The findings included: On at 10:30 a.m., the Health and Wellness Coordinator (HWC) said Staff G (Registered Nurse) was the ECC supervisor. Review of Agency for Healthcare Background Screening (BGS) website revealed a hire date of for Staff G. Review of Staff G's ECC file revealed she was not CORE certified, nor did it contain documentation she had completed 4 hours of ECC training. On at 12:42 p.m., the Administrator confirmed Staff G was the ECC supervisor and	AE210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965026	A. BUILDING: _____ B. WING _____	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE FORT MYERS CYPRESS LAKE	7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919

(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
AE210	Continued From page 2 had been since she was hired several years ago. The Administrator said although the BGS website showed a hire date of ..., Staff G had actually been with the facility since about 2020. On at 9:30 a.m., the Administrator acknowledged Staff G was not CORE certified and said they were unable to produce documentation she had attended 4 hours of ECC training or any continuing education. She said she would work on correcting the problem. Record review for staff A revealed a hire date of ... as a caregiver. Further review of staff A's file revealed documentation of a certificate of completion for Extended Congregate Care training completed on and signed by the Business Office Coordinator (BOC) . Record review for staff B revealed a hire date of as a caregiver. Further review of staff B's file revealed documentation of a certificate of completion for Extended Congregate Care training completed on ... and signed by the BOC. Record review for staff C revealed a hire date of ... as a caregiver. Further review of staff C's file revealed documentation of a certificate of completion for Extended Congregate Care training completed on and signed by the BOC. Record review for the HWC revealed a hire date of . Further review of the HWC's file revealed documentation of a certificate of completion for Extended Congregate Care training completed on ... and signed by the BOC. On at 10:15 a.m., the Business Office	AE210		

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
	AL11965026	A. BUILDING: _____ B. WING _____	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE FORT MYERS CYPRESS LAKE	7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919

(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
AE210	Continued From page 3 Coordinator (BOC) stated she is not core certified nor is she a nurse though she does all the ECC training and all other employee training for the facility. The BOC stated she signs the certificates after the staff members take the training online, such as and other training which under ECC. The BOC said she did not know ECC training is different than other required training, she just prints and signs off on the certificates. The BOC confirmed the ECC training is not valid, as it was not given by the Administrator or ECC supervisor and was completed online. The BOC confirmed she was not the instructor of the training. Class III	AE210		