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
	AL11969359	A. BUILDING: _____ B. WING _____	07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE FORT MYERS	14001 METRO PKWY FORT MYERS, FL 33912

(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 complaint survey for complaint #2024009388, and #2023007899 was conducted on through at American House Fort Myers, an assisted living facility in Fort Myers, Florida. Complaint #2024007899 was not substantiated Complaint #2024009388 was substantiated. The following is a description of the deficiency.	A 000		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by:	A 083		

AHCA Form 3020-0001

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

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A 083	Continued From page 1 Based on record review and staff interview the facility failed to have a system to provide [redacted] to any unresponsive resident for 1 (Resident #2) of 1 record reviewed for [redacted]. The findings Included: On [redacted] at 1:01 p. m. during an interview the Wellness Director (WD) said, that Caregiver Staff F found the Resident #2 unresponsive [redacted] at 4:55 a.m. The WD said Caregiver Staff D was not [redacted] certified. Caregiver Staff D radioed the Medication Technician (MT) Staff G who called the [redacted] at 5:00 a.m. and let them know she was not [redacted] certified. The dispatcher directed the MT Staff G through the [redacted] process until the [redacted] arrived and took over doing [redacted] and pronounced the resident [redacted] at 5:13 a.m. Record review of employees with valid [redacted] certification revealed Staff H had valid certification and was working in the memory care unit but was not contacted for assistance. On [redacted] at 1:01 p.m., during an interview, the WD revealed there is no system for staff to know who is [redacted] certified. She said that they don't have any notation on the schedule to indicate who is [redacted] certified. The Wellness Director said if the staff found an unresponsive resident, they would use the walkie talkie and say they need help in a [redacted] apartment and any caregiver could respond and they may not be [redacted] certified. The Wellness Director stated that caregivers would not announce on the walkie talkie they had an unresponsive resident because anyone who is in the area could hear and does not want the information heard by anyone who should not hear it.	A 083		

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A 083	Continued From page 2 On at 2:00 p.m., during an interview, the Executive Director verified that 8 shifts did not have staff with valid certification scheduled to work including 2:00 p.m.-10:00 p.m.; 6:00 a.m. - 2:00 p.m., - 2:00 p.m. - 10:00 p.m., 6:00 a.m. -2:00 p.m., and 2:00 p.m.-10:00 p.m., 6:00 a.m. -2:00 p.m., 2:00 p.m.-10:00 p.m., 6:00 a.m. - 2:00 p.m. Of 84 caregiver shifts reviewed 8 shifts did not have an employee with a valid certification in the building. The Executive Director verified that Staff A, B and C held certification from an unapproved provider. Class III	A 083		