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
	AL11964197	A. BUILDING: _____ B. WING _____	08/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE FORT MYERS THE COLONY	13565 AMERICAN COLONY BLVD FORT MYERS, FL 33912

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A 000	Initial Comments An unannounced complaint investigation for #2025012046 and an emergency power plan monitoring survey was conducted at Brookdale Fort Myers The Colony on . Complaint #2025012046 was substantiated at A030. Deficiencies were identified at the time of survey. .	A 000		
A 030 SS=B	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1	A 030		

1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and
. ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical .
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone

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A 030	Continued From page 2 calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.	A 030		

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A 030	Continued From page 3 (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for	A 030		

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A 030	Continued From page 4 relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the	A 030		

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A 030	Continued From page 5 complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure a decent, safe living environment free from for 1 (Resident #1) of 3 residents reviewed for .	A 030		

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A 030	Continued From page 6 The findings included: Review of Resident #1 record revealed he was admitted on with diagnoses of , , restlessness, agitation and required assistance for toileting from staff. Review of the facility schedule revealed Care Giver, Staff A worked from 11:00 p.m. to 7:00 a.m. on , an dassigned Resident #1 as part of her assignment. Review of the facility records for Investigation Summary dated revealed the following: "Resident #1's Power of Attorney (POA) reported review of camera footage from the night shift and she had concerns. The caregiver that had Resident #1 last night ( ) was very rough with him and she was concerned about his safety. Nurse on duty (NOD) Staff C performed skin check on Resident #1 and found 3 new , - 1 to left side of , and 2 to left arm." Further review of facility records for Investigation Summary dated for Staff A revealed the following: "when discussion was had for date in question and details of care for Resident #1, Staff A reported "well he was being combative like he always is and I was trying to change him. He kept fighting and wouldn't let me change him." When asked by the Health and Wellness Director (HWD) how resident #1 sustained the ? staff A replied, "what I don't know what you are talking about, he already had a on his , I don't know about any other . HWD asked staff A to repeat what happened from the moment she walked into Resident #1's room. Staff A said, "like I said we were all rushing to finish changing people because of another resident falling. I went into the	A 030		

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A 030	Continued From page 7	A 030		

room and I didn't turn on the big light because there's notes all over that say we can't turn it on, He was being combative, swinging his arms and kicking, I got him changed and left him in bed. I saw he had on his shirt, so I changed it and put a -Aid on his arm and . Resident #1 is always combative. I informed Staff D about the and she said she would report it."

Review of facility records for Investigation summary dated for Staff D indicated the following:"Staff A told me right at 7 am that Resident #1 was combative while she was changing him this morning and he had new . Staff A told me she put a -Aid on Resident #1 after she changed him."

Review of the community progress note dated at 5:52 p.m. revealed the hospice nurse indicated the received needed . care that she did not complete.

Review of Resident #1 record revealed a new order from the provider dated to refer Resident #1 to On- Call care for to the left arm.

Review of Resident #1 record revealed a note from the third-party provider nurse dated for to left : Soak Vashe, apply , Adaptic, and Mepitel. Do not remove for 7 days. The left treatment included: Soak with Vashe, apply , Adaptic, dry gauze, Opti foam 3 times a week. Next visit 25.

On at 10:14 a.m., during an interview, the Director of Nursing (DON) said during the night shift on Staff A performed a brief change on Resident #1. The resident was resistive and

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A 030	Continued From page 8 flailing the arms. Staff A continued to make the brief change even though Resident #1 was resistive. The DON said Resident #1 sustained 3 . The DON said Staff A was wrong when she continued to change the brief when the resident was resisting. On at 10:25 a.m., during an interview the Director of Nursing (DON) said one on the left arm was deep and hospice came in they believed it needed stitches, the was too , for hospice so they notified the provider for orders and referred the order to mobile care on call care due to the On at 10:45 a.m., during an interview, the Executive Director (ED) said Staff A was wrong in the treatment of Resident #1 during the brief change. On at 1:54 p.m., during a telephone interview, Staff A said Resident #1 was resistive to the brief change. Staff A said she changed the brief even though the resident was resisting. On 2:34 p.m., during an interview, the Director of Nursing (DON) acknowledged the sustained on after care from Staff A were on Resident #1's left inner aspect (could see the little white piece in the middle), one on the left that was not there previously, and the left upper arm and below the on the upper arm of the arm. Class III	A 030		

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