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
	AL11963882	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGWOOD COURT	12780 KENWOOD LANE FORT MYERS, FL 33903

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A 000	Initial Comments An appraisal visit was conducted on ... in conjunction with the local Fire Marshal at Springwood Court, an Assisted Living Facility. The facility was found to had falsified documentation, part of which was submitted with the renewal application. Under 408.806(1)(g) and 408.815(1)(a) a denial of renewal is being recommended.	A 000		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) 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 Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for 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 address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency	A 030		

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A 030	Continued From page 1 Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida Hotline " 1(800)96 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall 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 shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the	A 030		

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A 030	Continued From page 2 resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical 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 achieve the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the	A 030		

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A 030	Continued From page 3	A 030		

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 [illegible] 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) Access to adequate and appropriate health care 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 [illegible], the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. 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 [illegible] interference, coercion, discrimination, or reprisal. Each facility shall

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A 030	Continued From page 4 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. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure each resident's right to live in a safe environment as verified by the Fire Marshall. The findings include: 1. During an interview on , the Fire Marshall verified no fire inspection had been done at the facility since . He further verified a report dated and was altered from a report completed on . He stated he was, "angered by the alteration as it maligned his reputation and failure to have a fire inspection for two years put the residents at risk for harm." An interview with the administrator on verified the altered document was in the facility notebook and she had seen the date at the top and did not look closely at the document to see the discrepancies when she copied it for submission with the licensure renewal application. She stated the notebook is in the office and therefore accessible to staff. She stated she had not altered the document. She further verified that although she had been contacted by Central Office about the date discrepancies, she had not initiated an investigation into who had altered the document. She had no answer when reminded the former	A 030		

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A 030	Continued From page 5 maintenance man was not in the building after [redacted] and therefore could not have altered the document with the [redacted] date. The administrator stated she gathered all the application documentation, completed part of the application then sent the packet to corporation to completed the rest of the application and notarize it. She verified that corporation did not alter the document and return it to her for her files; therefore the alteration was made in the facility prior to sending to corporate. When asked why a fire inspection had not occurred since [redacted] (2 years and 7 months) she stated she had some leave and thought maybe they had occurred while she was gone. When asked for evidence of a satisfactory fire report, the last one she was able to produce was dated [redacted] and therefore 47 months, almost 4 years prior to this appraisal visit. 2. A fire inspection was conducted on [redacted] by the local Fire Marshall which revealed 36 violations as noted below: Misrepresentation : NFPA 1-1.12.4 Falsified records, at time of inspection it was determined that the falsified fire inspection report was made and sent to state AHCA for missing years of no inspection. Evacuation Capability Evaluations not conducted to code. No documentation for passed three year could be located at time of inspection. 69A-40.029. No fire inspection for passed two years. Fire Drills not to code: at time of inspection it was noted no proper fire evacuation drills were documented for three years. [redacted] improper use of non-approved electrical device piggy backed extension cord by computer. [redacted] improper placement of bed next to	A 030		

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A 030	Continued From page 6 electrical outlet plug and cord. , improper placement of bed next to electrical outlet plug and cord at head of bed. , improper use of non-approved electric devise by sink. , improper storage of O2 unit not secured in portable ..... , improper use of non-approved electrical device by recliner. Maintenance storage , improper use of non-approved electrical device, piggy backed extension (3). Improper use of non-approver electrical device by recliner 144, improper use of non-approved electrical device by bed. , improper use of non-approved electrical device by (resident's name) bed. Dining repair non-illuminated exit signs. Library Office, improper storage in non-rated ..... Library Kitchen, improper storage. Library emergency storage this area is over stocked and not rated for amount of material within ..... At time of inspection entry could not be made into this ..... of the excessive amount of material. Book Keepers Office, repair exposed electrical outlet by A/C Unit. , improper use of non-approved electrical device by desk and nightstand. , improper storage of O2 cylinders, not properly secured within storage rack (2). , improper storage of O2 cylinders, not properly secured within storage rack. , improper placement of bed next to electrical outlet plug and cord. Improper placement of bed next to electrical outlet plug and cord. improper use of non-approved	A 030		

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A 030	Continued From page 7 electrical device by bed. , improper storage of O2 cylinder not properly secured. Storage , improper storage of mattresses within the , Fire Sprinkler system not designed for this type of fire load. , repair broken outlet by bed. , improper storage of O2 cylinders. Repaired at time of inspection. Second floor egress, improper storage of utility cart within egress stairway. , improper storage of O2 cylinder not properly secured in portable stand. , improper storage of O2 cylinder, not properly secured. Storage , improper storage of material too close to light fixture. All electrical outlets within five feet from a water source shall be GFI protected. At time of inspection it was noted that all which have a sink/refrigerator area, were not properly protected. Class II	A 030		
A 077	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least 2. If employed on or after , 1990, have a high school diploma or general equivalency	A 077		

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A 077	Continued From page 8 diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after , 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must: 1. Be at least and 2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, , 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by:	A 077		

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A 077	Continued From page 9 Based on interview and record review, the Administrator failed to operate and maintain the facility in a responsible manner as evidenced by falsified and pre-signed documents and the failure to obtain a fire inspection for 2 years and 7 months. The findings include: During an appraisal visit on : copies of all fire inspections, Department of Health inspections and emergency plan approvals were requested. 1. Observations of these documented revealed an emergency plan approval letter, dated to have been altered by having dates cut and pasted onto a copy of a letter of approval dated . . . . . The signature on the approval letter of 2008 matched the signature of the altered document dated . . . . . A copy had been made and placed in the facility notebook which housed similar required documents. Upon viewing this document, the Emergency Management Coordinator (EMC) for Lee County was contacted by phone on . . . . . at 10:26 a.m. The EMC stated she had been contacted on : by the facility administrator who had faxed over a copy of the approval letter, to be told it was not valid. The EMC verified she does not "cut and paste" on her notices, that the document did not come from her or her office. An interview with the administrator on . . . . . at 10:30 a.m. revealed she found the documentation yesterday after being contacted about not having a current Emergency Plan approval. Once she found the document she contacted the EMC and was told it was not valid. She stated she is working on submitting valid information. She further stated she had a former maintenance man whose job included obtaining the emergency plan approval. She feels he created this document.	A 077		

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A 077	Continued From page 10 She verified he quit on [redacted] and had written letters to corporate about her. A telephone call to the former Maintenance Director on [redacted] at 1:45 p.m. revealed he was employed by the facility for 6 months and left in mid-A[redacted] He stated his job responsibilities were for maintenance in and outside the building and budget and reporting. He stated he had repeatedly asked the administrator how to utilize their computer system to do the budget and reporting and she put him off and told him "not to worry about it." When asked, he verified he was supposed to be responsible for the emergency plan, but he was not allowed to see the binder. He stated, the administrator kept all documents, including fire reports and emergency plan, out of his view/access and that was one of his complaints to corporate. He stated he had not "created" any documentation, but he was not surprised to hear there was such documentation in this facility. 2. A review of the Fire Inspection documents on [redacted] revealed satisfactory reports dated [redacted] plus an unsatisfactory report dated [redacted]. After two requests the administrator finally provided the facility's copy of a report dated [redacted] and [redacted] which was submitted to Central Office with the application for licensure in [redacted]. This document was obviously altered and Central Office notified the facility of an issue with the dates via telephone. A review of the altered Fire Inspection revealed it had been altered twice from the [redacted] Fire Inspection report. The first alteration was dated [redacted] and the second alteration changed a date to [redacted]. Observation of the document reveals a poorly altered document of which prior information is written over in an attempt to update	A 077		

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A 077	Continued From page 11 the names, dates and signatures on the original report. An interview with the Fire Marshall present on [redacted] revealed the form was an alteration of the [redacted] fire inspection document which he had signed. He stated he was, "angered by the altered document as it maligned his reputation and failure to have a fire inspection for two years put the residents at risk for harm." An interview with the administrator verified that she had submitted the document to Central Office with the application. She stated it was in the facility notebook and she had seen the date [redacted] at the top and did not look closely at the document to see the discrepancies when she copied it for submission with the application. She stated the notebook is in the office and therefore accessible to staff. She stated she had not altered the document. She further verified that although she had been contacted by Central Office on [redacted] about the date discrepancies, she had not initiated an investigation into who had altered the document these 3 weeks later. She had no answer when reminded the former maintenance man was not in the building after [redacted] and therefore could not have altered the document with the [redacted] date. The administrator stated she gathered all the application documentation, completed part of the application then sent the packet to corporation to completed the rest of the application and notarize it. She verified that corporate did not alter the document and return it to her for her files; therefore the alteration was made in the facility prior to sending to corporate. When asked why a fire inspection had not occurred since [redacted] (2 years and 7 months) she stated she had some leave and thought maybe	A 077		

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A 077	Continued From page 12	A 077		

they had occurred while she was gone.

A telephone call to the former maintenance director on [redacted] at 1:45 p.m. revealed he was employed by the facility for 6 months and left in mid-A[redacted]. He stated his job responsibilities were for maintenance in and outside the building and budget and reporting. He stated he had repeatedly asked the administrator how to utilize their computer system to do the budget and reporting and she put him off and told him "not to worry about it." When asked, he verified he was supposed to be responsible for arranging the annual fire inspections; he stated he was told not to worry about it as it had already been completed for that year, but he was not allowed to see the binder. He stated, the administrator kept all documents, including fire reports and emergency plan, out of his view/access and that was one of his complaints to corporate. He re-stated he thought the Fire Inspection had been done prior to his arrival as he knew one was not done in the 6 months he was there and he was not told it was due.

3. A review of training documents for Staff A, B, C and D trained on [redacted] and [redacted] respectively, revealed both the in-service Training Reports and the Certificates were pre-signed by the administrator and not dated. The trainings included Resident behavior, providing assistance with ADLs and personal care; Resident rights/recognizing [redacted] and reporting resident [redacted], neglect and [redacted] Reporting major incidents/adverse incidents/facility emergency procedures/chain of command and associate roles to evacuation; prevention; Fire safety; Body mechanics/back safety; and serving safe food series. When compared each form/certificate held the identical

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A 077	Continued From page 13 signature for that training. An interview on . . . . . : at 12:38 a.m. with the training coordinator verified the forms and certificates had been pre-signed at one time and copies of the signed forms had been repeatedly made and utilized to document all trainings done in house. The coordinator stated the all staff hired, regardless of position, were taken to the video . . . . . I watched all the required videos during one or two days of an orientation program. Any questions after the training were answered by the administrator, corporate or other staff; the forms were given to the trainee to fill in and a copy was then placed in the trainee's file. During an interview with the administrator on . . . . . : at 1:12 p.m., she verified she had signed all the forms previously and copies were used to document training. When asked what her reaction and those of her peers would be if presented with this scenario during a training course, she stated I see what you mean. She verified the in-services and certificates were not signed by herself or any other facility trainer at the time of the training after successful completion of the training by the trainee. Unclassified 408.813(1)(b) (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class . . . violation. Unclassified violations include: (b) Violating any provision of this part, authorizing statutes, or applicable rules.	A 077		
A 091	58A-5.0191(12) FAC Training - Documentation & Monitoring	A 091		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963882	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGWOOD COURT	12780 KENWOOD LANE FORT MYERS, FL 33903

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A 091	Continued From page 14 (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility ' s personnel files. The documentation must include the following: 1. The title of the training program; 2. The subject matter of the training program; 3. The training program agenda; 4. The number of hours of the training program; 5. The trainee ' s name, dates of participation, and location of the training program; 6. The training provider ' s name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the trainer dated and signed training records and certificates as issued upon successful completion of the training for 4 (Staff A, B, C, and D) of 4 staff records reviewed. The findings include:	A 091		

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A 091	Continued From page 15 A review of training documents for Staff A, B, C and D trained on . . . . : and . . . . respectively, revealed both the in-service Training Reports and the Certificates were pre-signed by the administrator and not dated. The trainings included Resident behavior, providing assistance with ADLs and personal care; Resident rights/recognizing . . . . , and reporting resident , neglect and : Reporting major incidents/adverse incidents/facility emergency procedures/chain of command and associate roles to evacuation; prevention; Fire safety; Body mechanics/back safety; and serving safe food series. When compared each form/certificate held the identical signature for that training. An interview on . . . at 12:38 a.m. with the training coordinator verified the forms and certificates had been pre-signed at one time and copies of the signed forms had been repeatedly made and utilized to document all trainings done in house. The coordinator stated the all staff hired, regardless of position, were taken to the video . . . . . I watched all the required videos during one or two days of an orientation program. Any questions after the training were answered by the administrator, corporate or other staff; the forms were given to the trainee to fill in and a copy was then placed in the trainee's file. During an interview with the administrator on . . at 1:12 p.m., she verified she had signed all the forms previously and copies were used to document training. When asked what her reaction and those of her peers would be if presented with this scenario during a training course, she stated I see what you mean. She verified the in-services and certificates were not signed by herself or any other facility trainer at the	A 091		

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A 091	Continued From page 16 time of the training after successful completion of the training by the trainee. Class III	A 091		
A 163	429.49 FS Records - Resident, Penalties for Alteration Resident records; penalties for alteration.- (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure no document required by Chapter 429 F.S. or Chapter 408 F.S. and Chapter 58A-5 F.A.C. was altered as evidenced by a Fire Inspection report and an Emergency Plan approval notice. The facility failed to ensure all documents submitted with the licensure renewal application was true and accurate documents as required by Chapter 408.806(1)(g) for submission of documents under oath. The findings include: During an appraisal visit on . . . . . copies of all fire inspections, Department of Health inspections and emergency plan approvals were requested. 1. Observations of these documented revealed an emergency plan approval letter, dated	A 163		

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A 163	Continued From page 17	A 163		

to have been altered by having dates cut and pasted onto a copy of a letter of approval dated . The signature on the approval letter of 2008 matched the signature of the altered document dated . A copy had been made and placed in the facility notebook which housed similar required documents.

Upon viewing this document, the Emergency Management Coordinator for Lee County was contacted by phone on : at 10:26 a.m. The EMC stated she had been contacted on : by the facility administrator who had faxed over a copy of the approval letter, to be told it was not valid. The EMC verified she does not "cut and paste" on her notices; that the document did not come from her or her office.

An interview with the administrator on : at 10:30 a.m. revealed she found the documentation yesterday after being contacted about not having a current Emergency Plan approval. Once she found the document she contacted the EMC and was told it was not valid. She stated she is working on submitting valid information. She further stated she had a former maintenance man whose job included obtaining the emergency plan approval. She feels he created this document. She verified he quit on and had written letters to corporate about her.

A telephone call to the former Maintenance Director on at 1:45 p.m. revealed he was employed by the facility for 6 months and left in mid-A . He stated his job responsibilities were for maintenance in and outside the building and budget and reporting. He stated he had repeatedly asked the administrator how to utilize their computer system to do the budget and reporting and she put him off and told him "not to

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A 163	Continued From page 18	A 163		

worry about it." When asked, he verified he was supposed to be responsible for the emergency plan, but he was not allowed to see the binder. He stated, the administrator kept all documents, including fire reports and emergency plan, out of his view/access and that was one of his complaints to corporate. He stated he had not "created" any documentation, but he was not surprised to hear there was such documentation in this facility.

2. A review of the Fire Inspection documents on 8/1[illegible] satisfactory reports dated 11/2[illegible] an unsatisfactory report dated [illegible] two requests the administrator provided the facility's copy of a report dated [illegible] was submitted to Central Office with the application for licensure in 6/[illegible] document was obviously altered and Central Office notified the facility of an issue with the dates via telephone around 7/2[illegible]

[illegible]review of the altered Fire Inspection revealed it had been altered twice from the 11/2[illegible] Inspection report. The first alteration was dated [illegible] the second alteration changed a date to [illegible] of the document reveals a poorly altered document of which prior information is written over in an attempt to update the names, dates and signatures on the original report.

An interview with the Fire Marshall present on 8/1[illegible] the form was an alteration of the 11/2[illegible] inspection document which he had signed. He stated he was, "angered by the altered document as it maligned his reputation and failure to have a fire inspection for two years put the residents at risk for harm."

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A 163	Continued From page 19 An interview with the administrator verified that she had submitted the document to Central Office with the application. She stated it was in the facility notebook and she had seen the date at the top and did not look closely at the document to see the discrepancies when she copied it for submission with the application. She stated the notebook is in the office and therefore accessible to staff. She stated she had not altered the document. She further verified that although she had been contacted by Central Office on about the date discrepancies, she had not initiated an investigation into who had altered the document these 3 weeks later. She had no answer when reminded the former maintenance man was not in the building after and therefore could not have altered the document with the date. The administrator stated she gathered all the application documentation, completed part of the application then sent the packet to corporation to completed the rest of the application and notarize it. She verified that corporate did not alter the document and return it to her for her files; therefore the alteration was made in the facility prior to sending to corporate. When asked why a fire inspection had not occurred since (2 years and 7 months) she stated she had some leave and thought maybe they had occurred while she was gone. A telephone call to the former maintenance director on at 1:45 p.m. revealed he was employed by the facility for 6 months and left in mid-A . He stated his job responsibilities were for maintenance in and outside the building and budget and reporting. He stated he had repeatedly asked the administrator how to utilize their computer system to do the budget and	A 163		

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A 163	Continued From page 20 reporting and she put him off and told him "not to worry about it." When asked, he verified he was supposed to be responsible for the arranging the annual fire inspections he stated he was told not to worry about it as it had already been completed for that year, but he was not allowed to see the binder. He stated, the administrator kept all documents, including fire reports and emergency plan, out of his view/access and that was one of his complaints to corporate. He re-stated he thought the Fire Inspection had been done prior to his arrival as he knew one was not done in the 6 months he was there and he was not told it was due. Unclassified Chapter 408.813(3)(b) (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unclassified violations include: (b) Violating any provision of this part, authorizing statutes, or applicable rules.	A 163		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Springwood Court
12780 Kenwood Lane
Fort Myers, FL 33903

Dear Administrator:

This letter reports the findings of a Monitoring Visit survey that was conducted on , 2012 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. The facility was found to had falsified documentation, part of which was submitted with the renewal application. Under 408.806(1)(g) and 408.815(1)(a) a denial of renewal is being recommended.

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 surveyor. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

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