STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	04/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Fort Myers	1896 Park Meadow Drive Fort Myers, FL 33907	

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

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:
A Change of Ownership Survey (CHOW) with Limited Nursing Services (LNS) was conducted on ..... through ..... at Lamplight of Fort Myers, an Assisted Living Facility (ALF) located at Fort Myers, FL.

The following is a description of non-compliance:

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview, the facility failed to provide care and services according to their needs (provide therapeutic diets as ordered by physician) for 5 (Residents #8,#10, #14, #15, #16, and #17) out of 17 sampled residents.

The findings include:

Observation on ..... at 11:20 a.m. revealed that in the facility's kitchen area there was a poster on the wall with resident's pictures. A label on top stated "Mechanically soft." Under each picture was resident name and dining ..... services provided. The Surveyor asked the food manager, who was present at time of observation, "do you have a similar system for other residents that require special diet?" She said, "What do you mean?" Surveyor said, ... low ..... calorie controlled etc." She said, "No, no one here has to follow a special diet; no one gave me a list. I just know, the residents come in and tell me if they are ..... but no list was provided to me."

When the surveyor asked the manager if there is a variation for recipes for residents that follow special diet she said, "I follow the recipe as it was approved by the facility's corporate dietician. See here it says that the recipe can be followed by special diets." The Surveyor pointed out the following wording for the recipe for cream spinach: under low/fat low/s..... and .....es/cal diet dietician stated: refer to spreadsheet. The Surveyor asked, "Do you have a spreadsheet?" Food manager said, "No, it's not at my binder" and started unsuccessfully flipping through the pages to look for a spread sheet for special diet recipes. She said, "I don't have one; I did not know I was supposed to have one."

Record review for Resident #14 found a Health Assessment that was completed ..... and indicated that resident had to follow a Controlled ..... (CCHO) diet.

Record review for Resident #16 revealed that at the health assessment (1823) that was dated ..... the physician stated that resident needed to follow carb controlled, regular texture diet. The Prior 1823 forms on file dated ..... and ..... indicated that resident needed to follow a carb controlled and no added salt diet.

Record review for Resident #10 found an assessment on file dated ..... physician order resident to follow a ..... and calorie controlled diet. The prior 1823 form dated ..... indicated a low ..... diet.

Record review for Resident #15 found that the physician ordered a Controlled ..... (CCHO) diet for the resident when he filled out an assessment on ..... The prior assessment dated ..... indicated that

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resident needed to follow a diet.

Record review for Resident #17 found that physician ordered a 1800 calorie, charb controlled diet when filled out the residents health assessment on The prior assessment on file dated indicated that resident needed to follow a diet.

The Executive director stated on at 11:55 a.m., "I don't know why the food manager does not have a list of all residents that have to follow therapeutic diet, a complete list should be in a binder in the kitchen, I am as surprised as you are, she has a list there." She also stated, "None of the residents here refused to follow therapeutic diet."

During an observation on of Resident #8 at lunch this Surveyor noted no difference in food content or portion size between Resident #8's and Resident #11's lunch plate. They both had the exact same lunch menu. The food director confirmed the finding. When the Food Director first saw Resident #8's plate and the Surveyor asked her what type of diet would you say this is she responded, "A high The Surveyor asked it this okay for a person who is a or on a CCHO and she responded, "No."

During an interview on with the food Director she stated the person in the kitchen is aware of the diets because they have them in a book. She brought the book and was able to retrieve a copy of Resident #8's Community Dietary Order Request with Resident #8's picture on her it.

A review on of Resident #8's 1823 revealed that it documents her diet as "Calorie controlled."

A record review on of Nursing Progress note for Resident #8 dated revealed that it documents at 2:30 p.m. "... resident arrived to facility...Resident is on CCHO (calorie diet)..."

A review on of Resident #8's Community Dietary Order Request dated by the Physician revealed that it documents Resident #8 diet as Consistent

A review on of Resident #8's Resident Baseline & Data Set dated and revealed that it documents Resident #8 / / Nutritional as and Nutrition / Eating as Consistent Diet.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review and interview, the facility failed to comply with resident right to be treated with consideration and respect .

The findings include:

Resident #8 said during interview on at 10:25 a.m., "My son brought my stuff here in boxes and put them there (pointing next to the bed near the I couldn't get to them because of the in my legs and I would get tired. The girl would come in and sweep and mop, things weren't perfect in here, it was like a messy clean. The woman in charge of cleaning came into my I was out at Walmart and cleaned out my my permission. She threw out a lot of my stuff. They broke something too. She did it with a med tech, it was a new girl. I just don't think that was right."

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During an interview with the Administrator on at 4:30 p.m., when asked if she was aware and allowed her staff to enter the Resident #8 and throw away her personal belongings while at the store, without her knowledge and/or consent, she responded, "It was a safety hazard. Her boxes that were blocking the door." The Surveyor asked why not just move the boxes away from the door and she responded, "I don't know. I probably should have." The Surveyor explained that Resident #8 was upset in about 2 people entered her her knowledge or consent and in doing so remove items that she wanted, and broke an item in the process. Resident #8 had stated that due to the in her legs it was difficult for her to move around in the would have appreciated assistance to empty those boxes but no one offered. The cleaning person was still able to come in to sweep and mop her floor.

The Administrator said that she wished she had talked to Resident #8 first and will speak to the resident now.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and interview, the facility failed to provide therapeutic diets according to resident needs and to have a menu posted or have it available for residents reside at the memory unit.

The findings include:

Observation on at 11:20 a.m., revealed that in the facility's kitchen area there was a poster on the wall with residents' pictures. A label on top stated "Mechanically soft." Under each picture was resident name and dining services provided. The Surveyor asked at food manager present at time of observation, "do you have a similar system for other residents that require special diet?" She said, "What do you mean?" Surveyor said, low , calorie controlled etc." She said, "No, no one gave me a list. I just know, the residents come in and tell me if they are but no list was provided to me." When Surveyor asked the Manager if there is a variation for recipes for residents that follow special diet she said, "I follow the recipe as it was approved by the facility's corporate dietician. See here it says that the recipe can be followed by special diets." The Surveyor pointed out the following wording for the recipe for cream spinach: under low/ fat low/ and cal diet dietician stated: refer to spreadsheet. The Surveyor asked, "Do you have a spreadsheet." Food Manager said, "No", it's not at my binder and started unsuccessfully flipping through the pages to look for a spread sheet for special diet recipes. She said, "I don't have one, I did not know I was supposed to have one."

Record review for Resident #16 revealed that at the health assessment (1823) that was dated the physician stated that resident needed to follow carb controlled, regular texture diet. The prior 1823 forms on file dated and indicated that resident needed to tallow a carb controlled and no added salt diet.

Record review for Resident #10 found an assessment (1823) on file dated , physician order for the resident to follow a and calorie controlled diet. The prior 1823 form dated indicated a low diet.

Record review for Resident #15 found that the physician ordered a Controlled (CCHO) diet for the resident when he filled out an assessment on . The prior assessment dated indicated that resident needed to follow a diet.

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Record review for Resident #17 found that physician ordered a 1800 calorie , charb controlled diet when filled out the resident's health assessment on . The prior assessment on file dated indicated that resident needed to follow a diet.

The Executive Director (ED) stated on at 1:05 p.m., "I don't know why the food manager does not have a list of all residents that have to follow therapeutic diet, a complete list should be in a binder in the kitchen, I am as surprised as you are, she has a list there."

Meal observation on at 12:40 p.m., revealed that there was no menu posted or available to residents reside at the memory unit.

Interview with staff present at time of observation revealed that "The residents were not supposed to have paper because of their

The ED stated on at 12:50 p.m., "A menu should be posted or be available to all residents, I don't know why is not , I am as surprised as you are."

During an observation on of Resident #8 at lunch, the Surveyor noted no difference in food content or portion size between Resident #8's and Resident #11's lunch plate. They both had the exact same lunch menu. The food director confirmed the finding. When the Food Director first saw Resident #8's plate and the Surveyor asked her what type of diet would you say this is she responded, "A high The Surveyor asked is this okay for a person who is a or on a CCHO and she responded, "No."

During an interview on with the Food Director she stated that the person in the kitchen is aware of the diets because they have them in a book. She brought the book and was able to retrieve a copy of Resident #8's Community Dietary Order Request with Resident #8's picture on her it.

A review on of Resident #8's 1823 revealed that it documents her diet as "Calorie controlled."

A record review on of Nursing Progress note for Resident #8 dated revealed that it documents at 2:30 p.m. "... resident arrived to facility...Resident is on CCHO (calorie diet)..."

A review on of Resident #8's Community Dietary Order Request dated by the Physician revealed that it documents Resident #8 diet as Consistent

A review on of Resident #8's Emeritus Resident Baseline & Data Set dated and revealed that it documents Resident #8 as and Nutrition/Eating as Consistent Diet.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus At Fort Myers
1896 Park Meadow Drive
Fort Myers, FL 33907

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) survey that was conducted on , 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: StateForm

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