STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	**11/20/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lamplight Of 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 - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:
An unannounced Limited Nursing Services (LNS) survey was conducted on [redacted] at Lamplight of Fort Myers in Fort Myers, Florida.

The following is a description of non-compliance:

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview, the facility failed to have medication training for 1 (Staff C) out of 3 staff records reviewed.

The findings include:

1. On [redacted] a review of the employee record of Staff C, a Medication Assistant, revealed that the required Assistance With Self-administration of Medication education has not been completed.

2. During an interview on [redacted] at 12:40 p.m., the Administrator stated, "The business office takes care of the employee record. I thought her file was up to date. I am going to take her off the schedule as of today, as she does assist with medication administration."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Lamplight Of Fort Myers
1896 Park Meadow Drive
Fort Myers, FL 33907

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by a representative 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 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Acting Field Office Manager

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Enclosure: State Form

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Fort Myers, FL 33901
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