STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968083	03/10/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avalon Assisted Living	2580 First Street Fort Myers, FL 33901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:
An unannounced Biennial and Limited Nursing Services survey was conducted on . . . . . at Avalon Assisted Living, an Assisted Living Facility in Fort Myers, Florida.

The following is a description of deficiency.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review, and interview, the facility failed to provide a safe and decent environment for 2 (Resident #2 and #8) of 8 residents observed regarding use of a 1/2 bedrail not fixed to bed of Resident #8. Observation of heavily stained carpet in Resident #2's . . . . .

The findings included:

1. During tour of facility on 3/10/15 at 9:20 a.m., it was observed in Resident #8"s 1/2 bedrail strapped to mattress. It was movable when shaken, and had a large gap between mattress and bed frame. Record review of physician order for Resident #8 revealed, use 1/2 side rails for posturing and safety."

During an interview on at 9:28 a.m. theAdministrator stated, "I am going to remove the side rail, and fix it to the bed frame, so it does not move."

2. During tour of facility on . . . . . at 9:40 a.m., there was a large black stain observed on the carpet outside and extending into , and into the facility dining . . . . .

During an interview on . . . . at 9:45 a.m., the Administrator stated, "I think the resident in . . . . . has a motorized scooter, and the wheels are making the marks on the rug. We have the rug shampooed once monthly. I will tell the owner that the carpet needs to be shampooed."

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, record review and interview for 1 (Resident #7) out of 2 residents observed during medication pass, the facility failed to properly assist with medication at the specified time written by the health care provider.

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The findings included:

Observation of medication pass for Resident #7 revealed the medication was given at 3:00 p.m.

Review of MOR (Medication Observation Record) and Health Care Provider order revealed that they stated "Galantine : 8 mg tab, take one tab by mouth twice daily with breakfast and dinner."

During an interview on at 3:15 p.m., Staff B stated, "I think it should be changed to 5:00 p.m."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Avalon Assisted Living
2580 First Street
Fort Myers, FL 33901

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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, RN
Field Office Manager

JS
Enclosure: State Form

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