STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963882	03/16/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SPRINGWOOD COURT	12780 KENWOOD LANE FORT MYERS, FL 33907	

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

0000 - Initial Comments

An unannounced Complaint survey for CCR# 2015000712 was conducted on , at Springwood Court, an assisted living facility, in Fort Myers, Florida. The complaint contained 2 allegations; one of which was substantiated with a deficiency cited.

The following is description of deficiency found at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to provide care and services appropriate to the needs of 1 (Resident #1) of 3 residents reviewed.

The findings included:

Record review for Resident #1 revealed that on , Resident #1 was returned to the Assisted Living Facility (ALF) from the hospital. ALF progress notes stated, "both heels soft and pink." The physician ordered Home Health for (Physical OT (Occupational and ST (Speech
Review of Resident #1's Health Assessment dated revealed that it indicated: Resident has mild takes po (by mouth) for low , needs assistance with transferring, walking, bathing, and medications. Diagnosis: hip, s/p hip replacement, hyponatremia, , hearing loss. Nursing Treatment: , OT, ST to evaluate and treat.
Review of the Home Health Agency Progress notes and ALF Facility progress notes revealed that care nurses were recommending to the ALF staff that Resident #1 be repositioned frequently. The ALF Limited Nursing Services notes indicated: waffle applied, but on one occasion the care nurse found the deflated and on another visit by the care nurse, the waffle was off and the resident ' s heel found to be on the floor.
During an interview with the ALF Director of Nursing on at 10:45 a.m., regarding Resident #1, she stated, "The resident at times was noncompliant, would take off her waffle boots. She was out of bed to her wheelchair and would self-propel herself down the hall. We have a record of her putting on her call light 340 times in one month; it is recorded on a computer."
During a telephone interview on 15 at 1:25 p.m. the Home Health Agency Care Nurse stated that on multiple times she instructed the ALF staff on pressure relief, that there were also issues with Resident # 1 ' s not being inflated, and that she told ALF Staff A about this multiple times. She indicated that she thought the facility staff should have paid more attention.
During an interview on at 2:25 p.m. Staff A, a Licensed Practical Nurse, reported that Resident #1 was not compliant with her care at times. He reported she frequently put on her call light. He wrote a note dated at 2:00 p.m. which indicated that staff from the Home Health Agency was at the ALF this a.m. and applied a new dressing. He stated that ALF staff has been instructed on repositioning Resident #1 every 2 hrs. on all shifts. When asked if the ALF staff on all shifts were repositioning Resident #1 every 2 hours, Staff A replied, "We did not get a doctors' order to reposition this resident. This is an Assisted Living Facility we do not have the staff to reposition

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residents every 2 hours."
During an interview on [redacted] at 3:15 p.m. the ALF Director of Nursing stated that she was not aware that staff was not repositioning the resident.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Springwood Court
12780 Kenwood Lane
Fort Myers, FL 33907

RE: CCR #2015000712

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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