STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965230	**03/24/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
INN OF CYPRESS COVE AT HEALTH PARK	**10300 CYPRESS COVE DRIVE FORT MYERS, FL 33908**	

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

0000 - Initial Comments

An unannounced Complaint Survey #2015002433 with one allegation was conducted on [redacted] and [redacted] at the Inn of Cypress Cove at Health Park, an Assisted Living Facility in Fort Myers, Florida.

The following is a description of deficiency in relation to the complaint.

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interview the facility did not ensure that a third party provider complied with the facility's third policy policy for third party services for Resident #11.

The findings included:

1. Review of facility policy regarding outside agencies and private caregivers, effective on [redacted] of 201212, revealed that it states, "Each outside provider is required to complete a Registration and Acknowledgement Form which includes the community's rules and responsibilities. In addition, they must submit evidence of their applicable license and insurance, Background Screen [redacted] Registry and Criminal Background) and Health Screen (Drug and [redacted] test). Resident services will maintain records directly for individual private caregivers who do not belong to a Licensed Agency."

There was nothing in the policy that required the third party to coordinate with the facility regarding the resident's condition and the services being provided.

2. The Director of Health Care Services stated on [redacted] at 1:25 p.m., "It is the Assisted Living Administrator's responsibility to oversee files for third party services."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Inn Of Cypress Cove At Health Park
10300 Cypress Cove Drive
Fort Myers, FL 33908

RE: CCR #2015002433

Dear Administrator:

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

Jon Seehawer, RN
Field Office Manager

JS
Enclosure: State Form

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