STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964197	04/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE FORT MYERS THE COLONY	13565 AMERICAN COLONY BLVD FORT MYERS, FL 33912	

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

0000 - Initial Comments

On [redacted] a Biennial survey with Limited Nursing Services (LNS) specialty license was completed at Brookdale at the Colony an Assisted Living Facility (ALF) in Fort Myers, Florida.

At the time of the survey the following deficiencies were identified:

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

Based on observation, record review, and interview, the facility failed to provide care and services according to resident needs by not elevating residents bed by 45 degrees for 1 (Resident #6) out of 2 sampled residents.

The findings included:

Health Assessment review for Resident #6 revealed that the only assessment on record was dated [redacted] Special precautions on this Health Assessment indicated the following: Keep head of bed elevated at 45 degrees precaution, history of [redacted] Activities of Daily Living (ADL) on this Health Assessment indicated that the resident needed assistance with ambulation, bathing, dressing, [redacted] toileting, transferring, and supervision with eating.

Observation during initial tour conducted on [redacted] at 9:47 a.m. and follow-up observation on [redacted] at 1:55 p.m. found that Resident #6's bed was not elevated 45 degrees. A queen size bed with two standard pillows was observed. The resident's bed was not a hospital bed and therefore had no ability to be elevated.

During an interview conducted on [redacted] at 2:35 p.m., the Health and Wellness Director said that she was responsible for the resident's initial assessment upon admission to the facility. She said that she was responsible for reviewing resident 1823 Health Assessment forms. She said that she was in agreement with the Health Assessment on record dated [redacted] for Resident #6. She said that no other assessment was on file since there was no significant change in Residents #6's condition. When asked if Resident #6's bed was elevated 45 degrees the Health and Wellness Director said, "No, we never done that. Her condition improved and she is now on regular diet, has no issues of [redacted] We have an order for her diet. I will ask the doctor to modify order for bed, too." The Health and Wellness Director acknowledged on [redacted] at 2:40 p.m. that she did not follow the Health Assessment for bed elevation by 45 Degrees for Resident #6. She also acknowledged that she did not have a follow up physician order indicating no elevation of Resident #6's bed.

Resident #6 said on [redacted] at 8:20 a.m., that no one elevates her bed or puts pillows under her head.

During an interview with Staff C on [redacted] at 8:56 a.m. she stated that she provided the following to Resident #6: "Assist her with toileting, brushing her [redacted], bathing, transfer in and out of bed, change her, helping her to get dressed. She can be a two person assist especially when needs to go to bed. We change her, help get dressed. We check on her every two hours."

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

0025 Continued From page 1

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to obtain the required training within 30 days of employment for 3 (Staff A, B and the Wellness Director) out 5 sampled staff.

The findings included:

1. Record review for Staff A (resident Aid/med tech hired found no evidence of the following in service training within 30 days of employment: Reporting major incidents; Reporting adverse incidents; The facility's emergency procedure including chain of command and staff roles relating to emergency evacuation; resident behavior and needs and providing assistance with Activities of Daily Living (ADL); and safe food handling practices.

2. Record review for Staff B (Practical Nurse, hired found no evidence of the following in service training within 30 days of employment: Reporting major incidents; reporting adverse incidents; the facility's emergency procedure including chain of command and staff roles relating to emergency evacuation; resident rights in assisted living facility; recognizing and reporting resident neglect and resident elopement response policies and procedures; and safe food handling practices.

3. The Executive Director acknowledged on at 3:45 p.m. that Staff A and B did not obtain the required training within 30 days of employment.

4. Record review for the Health and Wellness Director, hired revealed no documentation of having receive the require training in incident reporting.

She had a certificate of training in , Neglect, and Exploration and Resident Rights dated This was identified as a 1 hour course. The requirement for the , Neglect, & training is 1 hour. The requirement for the training in Resident Rights is 1 hour.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to obtain at least one hour of training in the facility's policy and procedures regarding within 30 days after employment for 1 (Staff B) out of 5 sampled staff.

The findings included:

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

0090 Continued From page 2

Record review for Staff B, (hired found no record of at least one hour of training in the facility's policy and procedures regarding within 30 days after employment.

The Administrative Assistance said on at 9:15 a.m., that there was no additional training for Staff B. At this time the Administrative Assistanty stated, "That is all we have for her."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Fort Myers The Colony
13565 American Colony Blvd
Fort Myers, FL 33912

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, R.N.
Field Office Manager

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Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com