STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968545	**05/05/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
DISCOVERY VILLAGE AT THE FORUM LLC	**2619 FORUM BLVD FORT MYERS, FL 33905**	

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

0000 - Initial Comments

An unannounced Change of Ownership (CHOW) survey was conducted on [redacted] and [redacted] at Discovery Village at The Forum, an Assisted Living Facility (ALF) in Fort Myers, Florida.

The following deficiency was cited:

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review and interview, the facility failed to record any missed medications for 1 (Resident #4) out of 6 Resident Medication Observation Record's (MOR) reviewed.

The findings included:

1. Interview with Resident #4 on [redacted] at 10:15 a.m., she said, "I ran out of medications more than once since I have been here. The staff told me there was no one to pick up medications. They told me other times, there was a mix up at the pharmacy. I usually get [redacted] three times a day and I get stressed out when I don't get it."

2. Observation of Resident #4's MOR for [redacted] through [redacted] noted on form missing doses of [redacted] Noted by facility staff on MOR date [redacted] at 11:00 a.m.: "Resident is calm- med not given." [redacted] was prescribed 0.25 mg, take one tablet by mouth every 6 hours, scheduled 7:00 a.m., 1:00 p.m., and 7:00 p.m. Medication should be given within 1 hour of prescribed time, not at 11:00 a.m. On [redacted] at 1:00 p.m., time is circled with no explanation by staff why medication was not given. On [redacted] at 1:00 p.m., there was a blank area, with no notation by staff why medication was not given.

3. The Director of Nursing (DON) said on [redacted] at 11:05 a.m., "I am aware of this issue."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Discovery Village At The Forum LLC
2619 Forum Blvd
Fort Myers, FL 33905

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on . 2015 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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

sh
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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida