STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963882	R
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 follow-up to Complaint Survey, CCR# 2015000712 was conducted on at Springwood Court, an Assisted Living Facility (ALF) in Fort Myers, Florida.

The following is description of deficiencies.

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

Based on record review and interview, the facility failed to have documentation in facility progress notes, for supervision of additional services, for 2 (Residents #1 and #2) of 3 care resident's records reviewed.

The findings included:

1. Review of Resident #1's record revealed physician order for care for right lower leg on care was not started until

2. Review of Resident #2's record revealed no notation in facility progress notes since regarding Home Health care. Resident was discharged from Home Health care on

3. Interview with Executive Director (ED) on at 1:20 p.m., she stated, "We have not implemented the policy that a floor nurse accompany the Home Health nurse to see the resident when care is performed. I know Staff A is doing it, but I don't know why he is not charting it."

Class III

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

Based on record review and interview, the facility failed to have a third party coordinate with the facility regarding resident condition and services for 1 (Resident #1) of 3 care residents reviewed.

The findings included:

1. Review of facility policy regarding third party providers stated: "Communication and coordination of resident services with Resident Service Director at minimum on a weekly basis."

2. Interview with Executive Director (ED) on at 12:05 p.m., she stated, "I have meetings with third party providers every other week."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963882	R
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)

N278 Continued From page 1

N278 - LNS - Records - 58A-5.031(3) FAC

Based on record review and interview, the facility failed to have a current monthly assessment for 1 (Resident #1) of 3 [redacted] care residents reviewed.

The findings included:

Record review of Resident #1 revealed no facility monthly assessment since [redacted]. Resident is receiving Home Health [redacted] care since [redacted].

Interview with Regional Director on [redacted] at 3:00 p.m., she stated, "I am aware of this."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Springwood Court
12780 Kenwood Lane
Fort Myers, FL 33907

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on May 28, 2015 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the uncorrected deficiency and new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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, R.N.
Field Office Manager

sh
Enclosure: State Form and Revisit Report

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com