STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963882	**07/08/2015**
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

A unannounced Complaint Survey, CCR# 2015005568 was completed on [redacted] at Springwood Court, an Assisted Living Facility (ALF) in Fort Myers, Florida.

The complaint was coordinated with the South Trail Fire Inspectors. The complaint contained two allegations of which one was substantiated.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to ensure the facility was maintained in a safe manor to ensure the wellbeing of all residents.

The findings included:

A tour of the building was completed with the Executive Director (ED) and the South Trail Fire Inspectors on [redacted] from 8:30 a.m. to 10:30 a.m. The following was noted:

1. FL NFPA 01 13 Chapter 10 General Safety Requirements: Sprinkler head clearance from Storage.
2. Chapter 11 Building Services: Dryer vents.
3. Chapter 13 Fire Protection Systems: Fire alarm approved maintenance.
4. FL NFPA 101 13 Chapter 7 Means of Egress: Emergency illumination.
5. Chapter 8 Features of Fire Protection: Self-closing doors.
6. Chapter 13 Existing Assembly Occupancies: Life Safety Evaluations.

Interview with the ED on [redacted] during the tour, revealed she felt the issues were the fault of the prior maintenance man who left and was causing problems. She was temporarily borrowing a maintenance man from another Assisted Living Facility, until one could be hired.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on record review and interview, the facility failed to ensure 1 (Staff C) of 3 new employees had a valid background screening without a break in service of 90 days or more.

The findings included:

1. Three personnel records were request to determine qualifications, training and screening. Staff C was hired on [redacted] as a Licensed Practical Nurse (LPN). Record review revealed a background screening dated [redacted] A review of the application on file revealed the employee has worked at a licensed facility from [redacted] 2012 to

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963882	**07/08/2015**
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)

Z815 Continued From page 1

2013. Staff C then worked for private duty from 2012 to 2014. Staff C worked for a licensed Home Health Agency (HHA) from 2013 to 2014. No work history is listed after 2014.

2. An interview with the Executive Director (ED) and Human Resource Liaison (HRL) revealed the ED had only checked the first reference listed and gotten a good reference. The ED said she usually writes up the verification, but could not find where she had written anything. The HRL said the ED usually is very good about checking references and writing them up, but could not find evidence of a reference check. Neither the ED nor the HRL knew to check reference to verify there was not a 90 day break in service. They said Staff C had also worked at a local Skilled Nursing Facility (SNF), but was unaware of the exact dates. They agreed they could not verify employment beyond 2014. They said the LPN had worked caring for her Mother-in-law for a period of time, but was unsure of her complete work history.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Springwood Court
12780 Kenwood Lane
Fort Myers, FL 33907

RE: CCR #2015005568

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed 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, R.N.
Field Office Manager

sh
Enclosure: State Form

XG90

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