STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964663	09/16/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE FORT MYERS LAKES PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **14521 LAKEWOOD BOULEVARD FORT MYERS, FL 33919**	

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

0000 Initial Comments

An unannounced Biennial survey with Limited Nursing Services (LNS) was completed at Brookdale Fort Myers Lakes Park, an Assisted Living Facility (ALF) in Fort Myers, Florida.

The following is a description of the deficiencies that were found at the time of the visit:

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview, and record review, the facility failed to ensure residents were safe when using the public in the facility.
The findings included:
During an interview with Resident #10 on at 10:00 a.m. the resident said she needed assistance in the public . Resident #10 said she was concerned as there is no emergency call alarm in the public . She said that when she needed assistance she yelled and hollered until staff came to assist her.
On at 12:20 p.m., it was observed in the women's public rest there was a face plate over the area where a call light could have been placed. At 12:30 p.m., Resident #10 confirmed this was the public used.
On at 2:00 p.m., the Administrator said there are no call lights in in any of the public .
The Administered said that on at 2:30 p.m., the ombudsman took a tour of the building, and pointed out that we do not have call lights in the public rest . The Administrator went on to say, she immediately got a quote for the call alarms to be installed.
Review of the quote revealed the date was . The Administrator confirmed the facility has not taken any action. When the Administrator was asked what steps she has taken to ensure the residents are safe when they use the public , she said she has not taken any precautions; the residents usually use their own .
Class III

0092 Food Service - General Responsibilities

Based on observation, interview and record review, the the staff responsible for food service failed to ensure food was prepared or served in a safe and sanitary manor.
The findings included:
Observation of the noon meal on at 12:00 p.m., revealed the following:
Staff H, identified as the cook, was observed placing the hot food on the steam table, but was never observed recording the temperature of the food. Staff H was observed with gloved hands during the observation. Staff H left the steam table proceeded to other areas of the kitchen, touching numerous

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surfaces, returned to the steam table to plate up food. Staff H was never observed changing gloves or washing hands.
At serval times during the serving of food, Staff A used her gloved hands rather than readily available utensils to transfer the food onto plates.
Observation of Staff G, identified as the Director of Maintenance, was observed assisting Staff H in plating up food for the residents. Staff G was observed to have a beard, but failed to have the beard restrained.
Staff E, identified as the Activity Director, was assigned to serve the residents' lunch. Staff E had long hair, and although she had a hairnet on her hair was not fully restrained. Staff E was observed with gloved hands, but was never observed washing her hands. Staff E was also observed touching the rim of plates continuously before serving to residents. At one point she was observed to have touched the sour cream and served the plate of food to a resident as the sour cream adhered to her glove, Staff E was never observed changing gloves or washing hands after the observation. Staff E was also observed on several occasions taking the skin off the baked potato squeezing the potato to break the potato apart, and then serving the platted items to the residents.
Staff B, assigned to serve the resident their lunch meal, was observed. As she served the residents their lunch she continually touched the rim of the plate with her thumbs. Staff B was never observed washing or sanitizing her hands during this period of observation.
Staff F, Identified as the facility Receptionist, was also assigned to serve residents their lunch. Before she began serving lunch, Staff F was observed placing her left hand down the back of her pants to tuck in her blouse, she then proceeded to serve the residents their lunch, but failed to wash her hands.
On the same date at 2:00 p.m., the Administrator was made aware of concerns identified during the noon meal. The Administrator proceeded to the kitchen to demonstrate that temperatures of food were taken. Staff H was present, at the same time, and confirmed the temperature s of the hot food were not recorded. Staff H said the thermometer had broken, during the preparation of food, and she did not have another thermometer to replace the broken one. When asked about taking the temperature of the food, Staff H said we don't usually take the temperature of the food.
The Administrator was request to provide a policy in regards to hand washing. The facility approved policy reviewed and dated / / is as follows:
"Hand washing to be done:
When hands are visibly soiled
Before and after resident contact
After removal of latex gloves. "
Class III

0093 Food Service - Dietary Standards

Based on interview and record review, the facility failed to have menus approved by the Registered

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Dietitian (RD). The facility also failed to demonstrate the portion size of food on the menu cycle.
The findings included:
Review of the facility 2 week menu cycle revealed it failed to include the portion size of food to be serve to residents. The 2 week menu cycle also did not have a signature, license number, or date the menus were review or approved.
Further review of the menus failed to show the portion size of food items to be served. The Administrator did provide a copy of portions sizes supposed to be used by the cook. The Administrator did say that the cook does not utilize this information, and does not normally follow any written information on portions to be served.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Brookdale Fort Myers Lakes Park
14521 Lakewood Boulevard
Fort Myers, FL 33919

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted] 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [redacted], 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

XG90

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

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