STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	10/08/2015
NAME OF PROVIDER OR SUPPLIER **LAMPLIGHT OF FORT MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1896 PARK MEADOW DRIVE** **FORT MYERS, FL 33907**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on / and / at Lamplight of Fort Myers an assisted living facility, in Fort Myers, Florida.

The following is a description of the deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation, interview and record review, the facility's staff failed to follow appropriate procedure when assisted for 4 (Residents #13, #14, #15, and #6) out of 5 residents observed assisted with their self-administration of their medications.

The findings included:

1. On at 1:14 p.m. Staff D (medical technician) was observed assisting Resident # 13 with her self-administration of her medication. Staff D was observed using hand sanitizer prior to assisting Resident #13. She unlocked the medication cart. She looked at the Medication Observation Record (MOR) and verified medication for resident. She used a soufflé cup and placed medication from to cup. She offered this to resident, but did not tell the resident what the medication was and what the medication was for. Staff D gave the resident a cup of water and marked the MOR.

The Health assessment review for Resident #13 found she had an assessment dated which indicated Resident #13 needed assistance with her self-administration of her medications. Per physician orders dated / all a.m. medications were to be given at 8:00 a.m.

A second observation of Staff D was conducted on at 9:34 a.m. Staff D (medical technician) was observed assisting again Resident #13 with her self-administration of her medication. Staff was observed using hand sanitizer prior to assisting Resident #13. She unlocked the medication cart. She looked at the MOR and verified medication for Resident #13. She told the resident, "Do you want me to read you the list of your medications?" Resident #13 replied, "I guess so." Staff D began reading list of medication. Staff D had difficulty reading the medications. She just read the names. She did not include medication dosage or diagnosis for what medications were taken for. She used a soufflé cup and placed medication from to cup. She offered this to the resident and observed her taking it. She gave the resident a cup of water and marked the MOR. Record review of Resident #13's MOR found that all a.m. medications were to be given at 8:00 a.m. Medications were given out of the window of the prescription, one hour before up to 1 hour after.

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2. On at 9:05 a.m. Staff E (medical technician) was observed assisting Resident #14 with her self-administration of her medication. Staff E was observed using hand sanitizer prior to assisting Resident #14. She unlocked the medication cart. She looked at the MOR and verified medication for resident. She used a plastic cup and placed medication from to cup. She offered this to the resident but did not tell the resident what the medication was and what it was for. Staff E gave the resident a cup of water and marked the MOR. Record review of Resident #14's MOR found that all a.m. medications were to be given at 8:00 a.m. Medications were given out of the window of the prescription, one hour before up to 1 hour after.

A health assessment review for Resident #14 found an assessment dated / indicating resident needed assistance with self-administration of medication. Prescription record review for Resident #14 found prescriptions medications to be given at 8:00 a.m.

3. On at 9:12 a.m. Staff E (medical technician) was observed assisting Resident #15 with his self-administration of his medication. Staff E was observed using hand sanitizer prior to assisting Resident #15. She unlocked medication cart. She looked at the MOR and verified medication for resident. She used a soufflé cup and placed medication from to cup. She offered this to the resident, but did not tell the resident what the medication was and what was for and observed him taking it. She gave him a cup of water and marked the MOR. Record review of Resident #15's MOR found that all a.m. medications were to be given at 8:00 a.m. Medications were given out of the window of the prescription, one hour before up to 1 hour after.

A health assessment review for Resident #15 found an assessment dated indicating resident needed assistance with self-administration of medication. Prescription record review for Resident #15 found prescriptions medications to be given at 8:00 a.m.

4. On at 9:15 a.m. Staff C (medical technician) was observed assisting Resident #16 with her self-administration of his medication. Staff C was observed using hand sanitizer prior to assisting Resident #16. She unlocked medication cart. She looked at the MOR and verified medication for resident. She used a soufflé cup and placed medication from to cup. She offered this to the resident, but did not tell the resident what the medication was and what was for and observed him taking it. Staff C gave the resident a cup of water and marked the MOR. Record review of Resident #16's MOR found that all a.m. medications were to be given at 8:00 a.m. Medications were given out of the window of the prescription, one hour before up to 1 hour after.

A health assessment review for Resident #16 found an assessment dated / / indicating resident needed assistance with self-administration of medication. Prescription record review for Resident #16

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found prescriptions medications to be given at 8:00 a.m.

5. During an interview conducted with facility's Administrator on / at 9:45 a.m. she said she was planning on re-educated all staff in proper way of assisting residents with self-administration of their medications.

Class III

0092 Food Service - General Responsibilities

Based on observation and staff interview, the facility failed to perform meal distribution in a sanitary manner in the memory unit dining .

The findings included:

During lunch observation at 12:00 p.m. in the memory unit, there was no hand sanitizer available and no hand sink in or near the dining . The aide, Staff H, was not sanitizing her hands while delivering meals to the resident's tables. A plate cover slipped from the hot cart to the floor. The Aide picked up the lid and put it aside and proceeded to take another meal from the cart without sanitizing her hands.
Observation of the dining there was no sanitizer dispenser in the on the hot cart. The aide did not leave to wash her hands and did not produce a personal bottle of sanitizer.
In an interview on at 12:45 p.m., Staff H and Staff I stated the sanitizer was missing from the Tuesday to be refilled. Staff H said she did not remember that she picked up an item from the floor. Staff H did acknowledge that there was no hand sanitizer in the that she did not clean her hands during the serving of the meal.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lamplight Of Fort Myers
1896 Park Meadow Drive
Fort Myers, FL 33907

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. **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 , 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
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Fort Myers, FL 33901
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