STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965026	**10/12/2015**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE FORT MYERS CYPRESS LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919**	

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

0000 Initial Comments

An unannounced Complaint Survey, CCR #2015007585, was conducted on at Brookdale Fort Myers Cypress Lake, an assisted living facility in Fort Myers, Florida.

The allegations were unable to be substantiated; however, the facility received a citation as a result of this survey.

0162 Records - Resident

Based on resident record reviewed, a review of the facility admission and discharge log, and staff interviews, the facility failed to retain 1 (Resident #1) of 3 residents record for two years after her discharge.

The findings included:

A review of the facility admission and discharge log showed Resident #1 was admitted to the facility on and discharged on / /. A request to review Resident #1's closed medical record was done at 9:30 a.m. to the Administrator. At 10:30 a.m., Resident #1's record was reviewed. It had the contract and health assessment in this record. There were no other documents in this record.

An interview was conducted with the Administrator on / at 11:35 a.m. He reviewed Resident #1's record and said this was the financial record and not the medical record. He stated he will go find the medical record. At 11:45 a.m., he stated he could not find Resident #1's medical record.

An interview was conducted with the Licensed Practical Nurse working on the floor on at 12:20 p.m. She stated she looked for Resident #1's medical record with the Administrator and she could not find it. She mentioned this record should show the Medication Observation Record (MOR) and an initial assessment/documentation of Resident #1 entering the facility on the first day. This form stays in the record at all times and it is in a plastic sleeve. She reviewed the financial record and stated the MOR and initial assessment are not in this record. The facility did not retain Resident #1's record for the required 2 years after being discharged from the facility on /.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Fort Myers Cypress Lake
7460 Lake Breeze Drive
Fort Myers, FL 33919

RE: CCR #2015007585

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted 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. **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 surveyor. 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

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