STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942878	**10/29/2015**
NAME OF PROVIDER OR SUPPLIER **PALMS OF FORT MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2674 WINKLER AVENUE FORT MYERS, FL 33901**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted through at The Palms of Ft. Myers, an assisted living facility in Fort Myers, Florida.

The following is description of the deficiency found at the time of the visit:

0086 Training - ADRD

Based on record review and interview, the facility failed to ensure 1 (Staff #C) of 3 staff reviewed received the required Level I & II and Related training.

The findings included:

Record review found that the facility's advertising brochure says they provided special care for person with .

Record review for Staff C found she was hired . The record had no documentation Staff C receiving the Level I or Level II and Related training.

On at 8:15 a.m., Staff C said she works the 11:00 p.m. to 7:00 a.m. shift. Staff C said she does not work in the secure unit. She said there are residents in the Assisted Living section that have or related .

On at 12:30 p.m., the Resident Service Director and the Administrator said they had no documentation that Staff C had received Level I or Level II and Related training. The Resident Service Director said there are residents in the Assisted Living section that have some level of or related . The Resident Service Director said only staff that works in the secure unit has received the or related Level I or Level II training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Palms Of Fort Myers
2674 Winkler Avenue
Fort Myers, FL 33901

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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of the identified deficiency. 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 deficiency 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

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Fort Myers, FL 33901
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