

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953349	(X3) DATE SURVEY COMPLETED R 11/18/2015
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 revisit survey was conducted on 11/18/15 at Lamplight of Fort Myers, an assisted living facility in Fort Myers, Florida. This was a follow-up to the Biennial limited nursing service survey completed on 10/5/15.

The previous deficiencies were found corrected and no new deficiencies were identified.

11/30/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11953349(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
11/18/2015

Name of Facility

Street Address, City, State, Zip Code

LAMPLIGHT OF FORT MYERS

1896 PARK MEADOW DRIVE
FORT MYERS, FL 33907

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0052	Correction Completed 11/18/2015	ID Prefix A0092	Correction Completed 11/18/2015	ID Prefix	Correction Completed
Reg. # 58A-5.0185 (3) LSC		Reg. # 58A-5.020(1) FAC LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor

Date:

CMS RO

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

10/8/2015



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

November 30, 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 revisit conducted on November 18, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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(s). 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 and Revisit Report

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