STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	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 Complaint Survey for CCR #2015010681 was conducted on / / at Lamplight of Fort Myers, an assisted living facility in Fort Myers, Florida.

The complaint contained 2 allegations which were substantiated with 1 deficiency.

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

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a clean, safe living environment for 80 out of 80 residents residing in the facility.

The findings include:

1. On / / at 9:15 a.m., during a tour with the Administrator, the following was found:

and issues:
3. Door frame needs painted;
4. Open area between tile and wall, rusted grab bars, needs painted;
5. Bed over mirror needs painted;
6. Door frame needs painted. Scrape marks on both doors;
11. Bottom of vanity in bed ;
13. Light bulb out in bed , ceiling in hallway chipped;
14. Ceiling peeling in bed , entryway door needs painted;
15. Caulk around toilet discolored;
16. Ceiling trim rusted in ;
17. Door frame paint flaking off, caulk around toilet discolored, plugged in razor over open toilet, ceiling tiles broken in hallway;
18. Door edge needs painted, tape on grab bars;
19. Crack on ceiling, above bed needs painted;
20. Linoleum peeling up by door, ceiling tile chipped off;
27. Two lightbulbs out in bed ;
29. Bed with black stains, closet door doesn't shut, black scuff marks on both closet doors;
32. Scuff marks and chipping paint on wall;
38. Bed over sink with holes where screws were removed;
39. Door edge paint chipped, shower mat with brown stains, wall with black stains;

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40. Inside door frame needs painted;
47. Needs caulked around floor;
48. Needs caulked around entry door to outside;
49. Duct tape on floor in a square, door lock to outside broke, fuse box exposed, odor in , seal to outdoor missing;
50. Closet door doesn't close;
51. Ceiling tile crumbling, closet door doesn't close, trim missing on floor;
52. edge scraped up;
53. Odor in . Door paint peeling;
54. Floor stains;
55. Vanity in bed at floor level, bottom of vanity peeling out, closet door and wall paint chipped;
56. Black stain on ceiling tile, bottom of vanity in bed ;
57. Floor stained. Lock missing on door;
59. Bed bottom peeling;
60. Wall with black stripe, bed paint peeling, vanity peeling, tiles coming up in , toilet cap missing;
61. Strong odor, door with scrapes;
63. Toilet doesn't flush, wall plate coming off, carpet missing, multiple small appliances plugged in over the toilet;
64. Multiple wires plugged in above toilet;
67. Full of clutter;
68. Ceiling tile pealing;
70. Pull up liner all over floor, open trash can with no lid in BR;
71. Vanity bottom peeling;
74. Vanity bottom peeling, bed paint peeling;
76. Vanity bottom chipped, closet door broken;
77. Doors and frames need painted;
78. painted-multiple black scuff marks;
79. Door and frame need painted;
Hallways and common areas:
Hallway in memory care unit-paint missing behind water cooler;
Dining memory care unit-trim missing on floor;
Activity - Ceiling sagging, trim on floor missing in corner;
Laundry - Floor covered with lent, wet towels on floor;
Library- bookshelf needs painted.
2. During an interview with the Administrator and the Director of Nursing on // at 5:15 p.m., the Administrator stated, "I'm not happy with this. We have a lot of work to do."

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015010681

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) 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(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

XG90

Fort Myers Field Office
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Fort Myers, FL 33901
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