AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965026	12/01/2015
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 #2015011756, was conducted on / at Brookdale at Cypress Lake, an Assisted Living Facility in Ft. Myers, Florida.

The complaint contained 3 allegations, of which 2 were substantiated with deficiencies.

0052 Medication - Assistance with Self-Admin

Based on record review and interview, the facility failed to assist 2 (Resident #1 and #3) of 3 residents reviewed with self-administrator of medications in a timely manner and as ordered by the physician.

The findings included:

Record review for Resident #3 found an "E- New Prescription Request" with a dispense date of / /. The order was for Tab 3.125 mg. The MOR (Medication Observation Record) for Resident #3 for 2015 documented the medication 3.125 mg was first provided on / /.

On / / at 5:10 p.m. Staff A, a facility nurse, said that on / / while completeing the MOR for the month of 2015 she found a medication order for Carediol 3.125 mg for Resident #3. She found the medication and started providing the medication to Resident #3 on /.

Class III

0056 Medication - Labeling and Orders

Based on observation, record review and interview, the facility failed to provide medication as ordered by the Heath Care Provider for 1 (Resident #1) out of 3 residents sampled.

The findings Included:

Observation and record review of Resident #1's Medication Observation Record (MOR) dated / / through / revealed a handwritten MOR by facility staff for: "Z-Pack (oral medication) given as directed. Take 2 tabs by mouth on day 1, then 1 tab by mouth x 4 days."

The medication was charted as given by facility staff for 4 days instead of 5 days.
Resident #1's Health Care Provider Order dated / / revealed: "Z-pack take as directed po (oral)."

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Interview with Director of Health and Wellness on [illegible] at 3:00 p.m., she reported she was not aware of the error.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation, record review and interview, the facility failed to maintain a clean and safe environment for residents in Memory Care.

The findings included:

1. The following areas in Memory Care were observed on a tour on [illegible] at 1:00 p.m.:

[illegible] - outside shower door frame, large amount of wood missing at bottom.

Door frame outside kitchen door - paint chipped and scuff marks.

Memory Care Golf Dining [illegible] - large crack noted on bottom corner of wall, with paint chips on floor. Large black sticky substance on floor against wall and scattered food debris on floor.

Memory Care Hallway - large area of scuff marks along wall.

Memory Care ceiling vent covered in dust.

Memory Care [illegible] - toilet seat cover paint peeling.

Wall outside Memory Care [illegible] peeling.

Memory Care [illegible] - plastic threshold in doorway lifting up.

First floor Wellness Center - large amount of gray duct tape noted on tile floor, and ceiling stained with open area noted.

Memory Care [illegible] -duct tape noted over plastic doorway threshold.

2. The facility Maintenance Director stated on [illegible] at 1:30 p.m., "I was not aware of these issues."

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3. The facility Health and Wellness Director stated on [redacted] at 2:45 p.m., "I think the duct tape over the plastic threshold in Memory Care [redacted] is holding the plastic threshold in place so it does not move."

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 #20150011756

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed 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

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