STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965026	01/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE FORT MYERS CYPRESS LAKE	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 Biennial survey with an Extended Congregate Care component was conducted [illegible] through [illegible] at Brookdale Fort Myers, Cypress Lakes, an Assisted Living Facility located in Fort Myers, F[illegible].

The following are a list of deficiencies:

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to ensure 1 (Resident #6) of 4 resident records had a completed Health Assessment (1823) at least every 3 years.

The findings included:

Record review for Resident #6 found the most current 1823 was dated [illegible]. There was no 1823 found in the resident's record completed within the last 3 years.

On [illegible] at 11:01 a.m., the Health and Wellness director said the 1823 dated [illegible] was the most current one that could be found.

Class III

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to maintain a written record of an injury from a [illegible] for 1 (Resident #6) of 4 resident records reviewed.

The findings included:

Progress notes for Resident #6 include an entry dated [illegible]. The next entry is dated [illegible].

The note dated [illegible] noted Resident #6 was observed on the floor in her [illegible]. It notes there was no injury from this [illegible]. It notes the resident did have a [illegible] to the right hand from the [illegible] that occurred on [illegible].

The incident report log for Resident #6 documents a [illegible] on [illegible], again on [illegible], and on [illegible]. The [illegible] noted in the progress occurring on [illegible] resulting in a [illegible] was not noted. There was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965026	January 12, 2016	01/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE FORT MYERS CYPRESS LAKE	7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919

SUMMARY STATEMENT OF DEFICIENCIES
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no written record concerning this . There was no record of treatment for the related to the on /.

On / at 11:23 a.m., the Director of Health and Wellness said there is no documentation relat to the on / . There is no written record of any treatment of the resulting from the .

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have documentation of freedom from documented annually on 1(Staff A) of 6 staff records reviewed.

The findings included:

Review of employee files on / at 10:00 a.m., revealed Staff A had a chest X-Ray in 2013 due to a positive test. There was no documentation of freedom from or communicable statement in her file.

During an interview on / / at 11:00 a.m. the Administrator said they have been in contact with the clinic to get the statement.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to have staff in-service training for 1 (Staff B) of 6 employee files reviewed.

The findings included:

Record review of Staff B's file on / at 10:00 a.m., showed a hire date of / / . There was no Control training, Activities of Daily Living and Behavioral Needs Training, Emergency dness and Evacuation Training, Incident Reporting Training, Resident Rights Training or Recognizing/Reporting , Neglect and Training.

During an interview on / at 11:00 p.m. the Business Office Manager said the employee was a transfer and that she will get the information from the other facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	January 12, 2016 AL11965026	01/07/2016

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0086 Training - ADRD

Based on record review and interview, the facility failed to ensure 2 (Staff A and B) of 6 employee records reviewed had I and II training done in the specified timeframe.

The findings included:

1. Record review on / at 10:00 a.m. of Staff A employee file, showed a hire date of / / . There was no II training in her record.

During an interview on / at 11:00 a.m. the Business Office Manager said she will look for it.

2. Record review on / / at 10:00 a.m. of Staff B employee file, showed a hire date of / / . There was no , or II training in her record.

During an interview on / / at 11:00 a.m. the Business Office Manager said the employee is a transfer and will request her information from the other facility.

Class III

0090 Training -

Based on record review and interview, the facility failed to ensure 1 (Staff B) of 6 employee [illegible] reviewed had training on the facility's policies and procedures regarding

The findings included:

Record review on / at 10:00 a.m. of Staff B employee file, showed a hire date of / / . There was no training on in her record.

During an interview on / at 11:00 a.m. the Business Office Manager said the employee is a transfer and will request her information from the other facility.

Class III

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	AL11965026	01/07/2016

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SUMMARY STATEMENT OF DEFICIENCIES
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0091 Training - Documentation & Monitoring

Based on record review and observation, the facility failed to have certificates of copies of certificates or any required training documented in the facility employee personnel files

The findings included:

Review of Staff A and B's personnel files on 1/ at 10:00 a.m., showed no training certificates in their records.

During an interview on 1/ / at 2:00 p.m. the Administrator said the training is done electronically and most do not have certificates.

Class III

0093 Food Service - Dietary Standards

Based on record review, observation and interview, the facility failed to maintain an adequate emergency food supply.

The findings included:

Record review found the facility had a census of 152 residents. Based on the current USDA Dietary Guidelines for Americans the facility would need 5,472 oz. of non-perishable vegetables. They would need 7,296 oz. of non-perishable milk products.

Observation of the facility's emergency food supply found that they had 4231 oz. of non-perishable vegetables on hand. The facility had 3675 oz. of non-perishable milk product on hand.

On 1/ / at 1:45 p.m., the Dietary Manager said they do not have any non-perishable milk on hand. The 4231 oz. of non-perishable vegetables were all they had on hand.

Class III

0181 Emergency Plan Approval

Based on review of facility records, and interviews, the facility failed to have an Comprehensive Emergency Management Plan that was approved by the local Comprehensive Emergency Management

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SUMMARY STATEMENT OF DEFICIENCIES
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Agency.

The findings included:

Review of the facility file failed to reveal an approved Comprehensive Emergency Management Plan.

The Administrator on / / stated at 10:20 a.m. indicated that no Comprehensive Emergency Management Plan letter of approval from the Lee County Emergency Management Agency could be found.

On / / at 9:50 a.m., an interview was conducted with Lee County Emergency Management staff concerning the facility Emergency Management Plan. The staff member stated the facility does not have a current approved plan. The last approved plan was 2013. The facility has submitted plans to the county on three separate times (, , and) and all three revisions were rejected.

Class III

E210 ECC - Training

Based on record review and interview, the facility failed to ensure that 1 (Staff B) of 6 employees reviewed had Extended Congregate Care (ECC) training.

The findings included:

On / at 10:00 a.m. a review of Staff B, hire date of / / , found there was no ECC training located in her file.

During an interview on / / at 11:00 a.m. the Business Office Manager said this staff member was a transfer from a sister facility and she will get the information from the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2016 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 , 2016.** 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

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com