STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932588	05/19/2016
NAME OF PROVIDER OR SUPPLIER **CALUSA HARBOUR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2525 E. FIRST STREET** **FORT MYERS, FL 33901**	

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

0000 Initial Comments

An unannounced Biennial and Limited Nursing Services survey was conducted through at Calusa Harbour, an Assisted Living Facility in Fort Myers, Florida.

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

N276 LNS - Nursing Services

Based on record review and staff interview, the facility failed to conduct nursing assessments by a Registered Nurse (RN) or under the direct supervision of a RN for residents receiving a Limited Nursing Service (LNS) for 1 (Resident #9) of 23 residents.

The findings included:

During Record Review of LNS file for Resident #9 it was found that the monthly assessment dated had been signed off by a Licensed Practical Nurse (LPN) with no RN co-signature. Resident #9 had been receiving LNS services since / for compression wraps and stockings to lower extremities for .

In an interview with the Resident Services Director on at 10:00 a.m. she agreed that the monthly assessment was missing an RN co-signature and that the RN should be directly monitoring resident assessments completed by the LPN to verify accuracy of each assessment.

Class III

N278 LNS - Records

Based on record review and staff interview the facility failed to conduct nursing assessments at least monthly on each resident receiving a Limited Nursing Service (LNS) for 3 (Residents #9, #12, and #17) of 23 residents.

The findings included:

1. During Record Review of LNS file for Resident #9 the last documented monthly assessment was dated . Resident #9 had been receiving LNS services since / for compression wraps and stockings to lower extremities for .

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2. During Record Review of LNS file for Resident #12 the last documented monthly assessment was dated . . Resident #12 had been receiving LNS services since for daily continuous for and .

3. During Record Review of LNS file for Resident #17 there was no documented monthly assessment present. The assessment that was in his LNS file was for a female resident. Resident #17 had been receiving LNS services since for care.

4. In an interview with the Resident Services Director on . / . / at 10:00 a.m., she agreed that the monthly assessments were not up to date and that registered nurses are on staff and charged with completing the monthly assessments or directly supervising assessments completed by licensed practical nurses.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Calusa Harbour
2525 E. First Street
Fort Myers, FL 33901

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