STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	06/28/2016
NAME OF PROVIDER OR SUPPLIER **LAMPLIGHT INN**	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#2016003247 was conducted through at Lamplight Inn (license # 5096), an Assisted Living Facility in Fort Myers, Florida.

The complaint contained 2 allegations, of which 1 was unsubstantiated and 1 was substantiated with a deficiency.

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

0025 Resident Care - Supervision

Based on observation, record review, and resident interview, the facility failed to provide care and services appropriate to the needs of the residents accepted for admission to the facility.
The findings included:
1. On / at 10:00 a.m., it was observed Resident #15 pressed her call light pendant and the staff did not answer it for 30 minutes.
On / at 3:05 p.m., observed the computer in the wellness center that records when each pendant is pressed. The 10:00 a.m. pendant press for Resident #15 did not register on the computer.
2. A review of the Resident Council Meeting Minutes for and revealed the following comments:
, 2016:
"Resident does not like when he has to "chase down" med techs for medication."
, 2016:
"Residents have brought to attention that no one answers the phone in the evenings or on the weekends."
"Resident said there was only one person serving in the dining night with no assistance from other staff until it was time to serve desserts."
3. In an interview with Resident #15, on / at 10:00 a.m., she stated she "never uses her pendant call light and that staff never respond in a timely manner." She also said several television channels had a fuzzy picture, she was unable to hear them and staff on the weekends do not answer call lights, nor do they answer the phone at the front desk.

Class III

0054 Medication - Records

Based on record review and staff interview, the facility failed to update the MOR (Medication

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Observation Record) each time the medication was offered or administered for 1 (Resident #9) of 4 MORs reviewed.

The findings included:

1. On , a review of 4 Resident MORs revealed the following:

On , 5th, 17th, and 31st there was no signature or explanation on the back of Resident #9's MOR for the 4:00 p.m., dose of , , , , or Amitriptylin.

On there was no signature or explanation on the back of Resident # 9's MOR for the 8:00 a.m., dose of , Inhaler.

On there was no signature or explanation on the back of Resident #9's MOR for the 8:00 a.m., dose of , .

On and 11th there was no signature or explanation on the back ofResident #9's MOR for the 8:00 a.m., dose of Centrum tab.

On and 8th there was no signature or explanation on the back of Resident #9's MOR for the 8:00 a.m. dose of Modafanil.

On there was no signature or explanation on the back of Resident # 9's MOR for the 4:00 p.m., dose of , .

On , 5th, and 17th there was no signature or explanation on the back of Resident #9's MOR for the 4:00 p.m., dose of , , , , or .

2. In an interview with the Director of Nursing on / at the exit conference, she stated, "I don't tolerate that. That was before I started."

Class III

0056 Medication - Labeling and Orders

Based on record review and staff interview, the facility failed to make every reasonable effort to ensure medications were filled or refilled in a timely manner for 1 (Resident #9) of 4 Resident's Medication Observation Reports reviewed.

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The findings included:

On 5/3 through / , staff initialed the front of the MOR (Medication Observation Report) and circled their initials, then wrote on the back of the MOR, Resident #9's , and were "unavailable or not in cart."

In an interview with the Director of Nursing at the exit conference on / , she stated, "I'd have to call pharmacy."

In an interview with Resident #10 on / at 10:35 a.m., he stated, "You never know when you'll get it. One time I had to wait a week for ."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016003247

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, RN
Field Office Manager

JS/arb
Enclosure: State (5000-3547) Form
XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
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