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 Change of Ownership and Limited Nursing Services survey was conducted from / through at Lamplight, an assisted living facility (license # 5096) in Fort Myers, Florida.

The following is description of the deficiencies.

0010 Admissions - Continued Residency

Based on record review and staff interview facility failed to obtain a New Health Assessment after a significant change for 1 (Resident #13) out of 2 residents sampled.

The findings included:

Record review for Resident #13 found she was admitted to the facility on . Further review for Resident #13 found that she was admitted to Hospice on /, due to life-altering diagnosis of of the , without behavior disturbances and weight loss.

Health Assessment 1823 record review for Resident #13 found that the most recent 1823 on record dated / before residents admission to Hospice. The assessment on record did not include diagnosis of of the , without behavior disturbances and weight loss not that resident was under Hospice care.

During an interview on facility's Director of Nursing (DON) acknowledged that indeed residents condition changed for the worst due to her and severe weight loss and facility failed to obtain an updated 1823 form reflecting residents current diagnosis and Hospice services.

Class III

0081 Training - Staff In-Service

Based on record review and interview Staff F, one of four staff records reviewed, did not contain documentation of required education.
The findings included:
Record review revealed Staff F was employed on / . She did not complete / training until , control training until / , Bloodborne training until / , Resident Rights/ /Neglect and , until / , ADL training until / . No education was

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documented for Safe food handling, and reporting major incidents, Adverse Incidents and emergency procedures.
An interview with the Administrator on ../.. at 11:34 a.m. revealed the education was completed late and some not completed at all.

Class III

0082 Training - ../..

Based on record review and interview Staff F, one of four staff records reviewed, did not contain documentation of / training within required time frames.
The findings included:
Record review revealed Staff F was employed on ../.. She did not complete / training until ../../..
An interview with the Administrator on ../.. at 11:34 a.m. revealed the education was completed late.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview and record review facility failed to have a dated menu posted a week in advance that included portion sizes. Facility failed to offer variety of meals adapted to the resident food habits and to offer substitutions of equal nutritional value when food items were not available. Furthermore, facility failed to obtain a substitution log for the last six months as it is required.

The findings included:

1. During an interview on / at 10:00 a.m. Resident #15 stated that she found chicken fat and chicken skin in the bottom of her bowl of chicken soup, and that she put it in a baggy and gave it to the Administrator.

During interview conducted on ../../.. at 10:30 a.m. Resident #2, president of resident council, stated the following: "The bigger issue is that we running out of food items. It started last week we run out of butter, creamers, yogurt twice, ketchup, ham, white bread. They told us we did not have any, they never offer to replace it with something else. They started using a yellow weird looking butter too much butter. Menus not always match what we get. Saturday's menu was marked Sunday and Sunday was no menu. Sometimes the service is bad. I have to get up and get my drinks. We discussed at the last meeting. She was to check in to it, the new administrator. New head cook does the ordering. He uses garlic to

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flavor things and some of the stuff come up too salty. Some times staff is on the phone and takes them long time to serve food at all meals."

During an interview on / at 1:45 p.m. the Executive Director said residents came and talked to her about the food shortages last week. She said she spoke to the Dietary Manager and she believed the issue was resolved. She said it was because of a discredited staff member that was fired few days ago. She said they have a healthy dietary budget and residents should never had to miss on anything.

During an interview conducted on / at 8:00 a.m. the Dietary Manager on at 8:00 a.m. said he was made aware of the problem last week. He said they never had a food shortage. He said it was the staff working in the dining refused to actually bring the orders in. He said he remembered a resident requested a BLT and staff told her they did not have any lettuce when they had a full box of lettuce in the cooler. He said also another residents family member complained of not having Greek yogurt. He went and bought. He said they have cases of yogurt. They complained to him for not having bananas. He said he orders a whole case of bananas daily. He said the issue was because of a girl that worked in the dining . He stated "I had to let the her go. She was fired. I did not get any other complaints since she left."

During the course of the interview with Resident #4 said on / at 8:10 a.m. last week they had an issue with ketchup and butter. The guys were not very happy about the whole thing about ketchup. Said no substitutions were offered.

On / at 8:16 a.m. Resident #8 said last week they had an issue with butter, there was no butter. Said the food quality was very poor and she did not think there was any improvement since the new owner took over.

Resident # 2 brought a plate with yellowish substance on at 8:38 a.m. He stated" remember I told you yesterday that is the new kind of butter we use now. Its horrible, can't eat that stuff."

Staff K said on / at 1:00 p.m. "It happened few times since the new head cook started. We run out of yogurt and butter twice and skim milk once . It's not us who don't want to provide the service. We have no reason to do that. It's the cook who was new. He did not know the ordering system I guess. But residents complained about it and I completely understand them. Now its better."

On / at 1:50 p.m. Administrator brought a plastic bag that contained a piece of chicken skin and fat that Resident #15 found at her soup bowl the day before. Said she show it to dietary manager and acknowledged the issue.

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On at 2:10 p.m. Ombudsmen officer arrived in the facility and said she was in the facility last Saturday during lunch. Said the fried steak was horrible. Residents had to remove about a half a cup of breading from the steak and multiple residents complained to her that the steak was hard to cut. She said multiple residents complained to her of the foods quality.

2. Observation during lunch on / at 12:00 noon revealed that the menu posted in the facility's dining area was not dated with correct dates nor included the portion sizes of items served. The following dates were mentioned Monday: -22, -27, -01, -05, -16.
Follow up observation at memory unit dining area on / at 7:45 a.m. found no current menu posted. The only menu posted was the one for Lunch for Monday / .

Record review of facility's substitution log found that there was no substitutions for the last six months. There were only 4 substitutions from the Month of to / (survey exit date)

During a follow up interview with Dietary Manager on at 9:30 a.m. he acknowledged that the substitution log did not meet regulatory requirements. He also acknowledged the menu posted did not include portion sizes. Furthermore he acknowledged that the menu was not dated a week in advance and there was no current menu posted at the memory unit.

Facility's resident council minutes review revealed that residents complained for the lack of fresh fruit, skim milk, raw vegetables, more salad options, different types of tea, chicken was too hard to chew and potatoes were to hard. Also at the staff meeting resident complained about the attitude of some of the dining .

At the meeting residents wanted to obtain Med techs job descriptions. They were told during meals when they asked med techs to assist them with their drinks that med techs cannot help them.

At the 's meeting residents complained that there was only one staff serving in the dining one occasion. Also residents complained of the amount of salt in the food, dislike of lima beans, soups and potatoes. Residents complained that menus was missing from the dining ; the menu for the day was not available at the time of ordering. The Saturday menu was labeled as Sunday. Also residents complained of running out of several things: ketchup, coffee creamers, butter, yogurt, ham, white bread, bananas.

Again residents complained the chicken was to dry and hard to cut. Also, the residents complained that the fried steak served was extremely thin, unappealing, terrible.

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Class III

0167 Resident Contracts

Based on record review and interview facility's contract did not include all necessary components.

The findings included:

Record review of facility's contract revealed that is was missing the following components:

1 A list of the specific services, supplies and accommodations provided by the facility to the resident, including limited nursing services that the resident elects to receive.

2 A list of any additional services and charges provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule attached to the contract.

3 A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.

4. The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule.

5. The facility's policies and procedures related to a properly executed DH Form 1896,

6. In Page 6 under arbitrations facility indicated that all arbitrations shall be settled in Bradenton Florida, even though facility is in Fort Myers, Florida.

Furthermore, facility's contract refereed to Chapter 400 Florida Statute (F.S) and not chapter 429 F. S.

During an interview conducted with facility's Administrator on / at 3:00 p.m. she acknowledged that facility's contract did not include all necessary components.

Class III

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N278 LNS - Records

Based on record review and interview the facility failed to ensure monthly assessments for Residents #5, 6 and 8, three out of three residents receiving Limited Nursing Services (LNS), were completed within the required time frame of 30 days.

The findings included:

Assessments were last completed by a Registered Nurse (RN) on / / . Information was gathered by a Licensed Practical Nurse (LPN) for 2016 assessments on / for Residents #5, 6, and 8. Record review revealed the assessments were not completed on / by an RN as required.

During an interview on / at 10:29 a.m. the Director of Nursing said the RN will not be in until Thursday to complete the LNS assessments

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
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