STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965026	09/14/2016
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 for CCR #2016007544 was conducted at Brookdale Fort Myers Cypress Lake, an Assisted Living Facility, (license #9430) in Fort Myers, Florida.

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

The following is description of the deficiencies.

0030 Resident Care - Rights & Facility Procedures

Based on interview and record review, the facility failed to provide a safe and decent living environment. A resident had her cell phone and a television stolen from her .

The findings included:

1. In an interview on at 3:00 p.m., Resident #1 confirmed her television and cell phone were stolen "A few months ago" when she stepped out of her .

2. Record review of Resident Council Meeting Minutes dated revealed in regards to recent robberies, the Executive Director advised residents to lock doors, outside doors will be locked at 9:00 p.m. Brookdale will not use an outside security agency and they are looking into outside cameras.

Class III

0079 Staffing Standards - Levels

Based on interview and record review, the facility failed have adequate staff to meet the resident needs.

The findings included:

1. In interviews with 4 residents on , 3 out of 4 stated there was not enough staff, and Resident #4 stated in an interview on at 4:15 p.m., "I think they need more help. We're not getting the help we need. The staff on the floor don't even pick up my trash half the time."

2. Record review of Resident Council Meeting Minutes dated revealed several residents voiced concern about response time to pendant calls and that the Executive Director indicated nursing is aware of pendant problem.

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Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and staff interview, the facility failed to provide a safe living environment free from hazards to residents.

The findings included:

1. During a tour of the facility on , the following was observed:

a. Dust particles were covering the air conditioning vent outside the mechanical the second floor.

b. Scuff marks were on the hallway next to the elevator on the second floor.

c. Large brown stains were on the carpet outside the elevator on the second floor.

d. Windows in the exercise the second floor werwe smeared with debris.

e. The doors on 229 and 234 had scuff marks and peeling paint.

f. The wallpaper was peeling off the wall outside of .

g. The exercise second floor next to elevator had stains on carpet and scuff marks on the walls.

h. The laundry air vent coated had dust particles. The cushion on the chair in the laundry stains and a large tear across the seat cushion.

i. There were white paint chips on floor of elevator.

j. The carpet in had multiple brown stains.

k. In - Wall next to the bed with a rough surface, not sanded and not painted. Carpet with multiple brown stains.

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

l. the ceiling had a rough surface, with a small hole in the center; and with a bucket under it.

m. The carpet in the hallway next to a the third floor labeled "nurse's station" had several large brown stains.

n. The wallpaper was torn on wall outside 311 and 316.

o. The ceiling tiles were stained outside .

p. The hallway outside and surrounding area was very warm.

2. In an interview on at 5:30 p.m. the Executive Director stated, "The maintenance tech is now the director of maintenance, and has 2 maintenance techs under him. He used to be all we had." "The air conditioning unit is out at that end of the hallway."

3. In interviews on , 3 out of 5 residents stated they had ants in their 2 of them had a can of bug spray on their floor.

4. Record review of Resident Council Meeting Minutes from revealed the following statements, "(Resident #2) said her leaks are getting worse. A contractor is working on roof and ceilings." and "Some residents have had a problem with ants."

5. Record review of a Service Request Log, provided by the Executive Director, revealed the last date of service to exterminate "ants" was .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016007544

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by a representative 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 surveyor. 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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Fort Myers, FL 33901
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