STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968778	10/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAIRN PARK	9331 VIA SAN GIOVANNI ST FORT MYERS, FL 33905

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

0000 Initial Comments

An unannounced Biennial survey was conducted on / at Cairn Park an Assisted Living Facility (license #12629) in Fort Myers, Florida.

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

0009 Admissions - Admission Package

Based on record review and interview, the facility failed to ensure the facility had a complete residency agreement on 1 (Resident #1) of 4 residents' records reviewed.

The findings included:

Record review on / at 10:15 a.m., showed an incomplete residency agreement on Resident #1. Upon review of the residency agreement it was found to not have a refund policy, resident rights, 45-day notice of discharge, or 30-day provision of rate increase.

The facility Administrator confirmed, during an interview on at 10:45 a.m., that the information was not in the record.

Class III

0056 Medication - Labeling and Orders

Based on record review and interview, the facility failed to have an order to crush medication for 1 (Resident #2) of 4 residents reviewed.

The findings included:

On / at 8:40 a.m., the medication technician was conducting a medication pass. The resident has an order for sod DR 125mg at 8:00 a.m. take 2 caps by mouth, 6:00 p.m. take 2 capsules by mouth, 9:00 p.m. take 2 capsules by mouth and at 2:00 p.m. take 1/2 capsule by mouth. The medication comes from the pharmacy in the appropriate doses. The medication technician crushed the medication. The DR is a delayed release medication.

The facility Administrator, during an interview on at 1:30 p.m., said she was unaware of this. She called the pharmacy for the current order which was for Sod DR. She said she will call

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the physician for clarification.

Class III

0078 Staffing Standards - Staff

Based on employee record review and staff interview, the facility failed to have a communicable statement on 1 (Staff B) of 3 staff records reviewed.

The findings included:

Employee record review of Staff B (hire date) showed there was no communicable statement.

The facility Administrator confirmed, during an interview on / at 1:00 p.m., that there was no communicable statement in the record.

Class III

0081 Training - Staff In-Service

Based on employee record review and interview, the facility failed to have staff in-service training within 30 days of employment for 1 (Staff B) of 3 employee records reviewed.

The findings included:

On / at 2:00 p.m., review of Staff B's employee record showed the employee had not received: Control Training; Activities of Daily Living and behavioral needs training; Elopement response training; Emergency Preparedness and Evacuation training; Resident Rights training; Recognizing/Reporting , Neglect and training; and Nutrition and Safe Food Handling training. Staff B's hire date was / .

The facility Administrator, during an interview on / / at 2:15 p.m., confirmed the lack of education in the employee file. At the same time Staff B confirmed she has not received the training.

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Class III

0086 Training - ADRD

Based on employee record review and interview, the facility failed to ensure 1 (Staff B) of 3 employee records reviewed had Training Level I.

The findings included:

On / at 1:00 p.m. review of Staff B's record showed a hire date of . There was no Level I training documented in the file. The facility advertises "Care of and those with other memory ."

The facility Administrator and Staff B confirmed, during an interview on / at 1:15 p.m., that this training was not done.

Class III

0090 Training -

Based on employee record review and interview, the facility failed to ensure 1 (Staff B) of 3 employee records reviewed had ( ) training.

The findings included:

On / at 1:00 p.m. review of Staff B's employee file showed there was no training.

The facility Administrator and Staff B confirmed, during an interview on / at 1:15 p.m., that this training was not done.

Class III

0093 Food Service - Dietary Standards

Based on interview and record review, the facility failed to have menus reviewed annually by a licensed or registered dietician.

The findings included:

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Review of the facilities menus on / showed the menus the facility was using were dated 2014 - 2015 and signed by dietician on .

This was confirmed by Staff A during an interview on at 12:20 p.m.

Class III

0161 Records - Staff

Based on employee record review and interview, the facility failed to ensure there were application for 1 (Staff B) of 3 employee records reviewed and no references on 3 (Staff A, B and C) of 3 employee records reviewed.

The findings included.

Review of employee records on / at 1:00 p.m. showed there was no application for Staff B and there were no references for Staff A, B, and C.

The facility Administrator confirmed, during an interview on / / at 1:15 p.m., that this information was not in the employees' records.

Class

0162 Records - Resident

Based on resident record review and interview, the facility failed to ensure there were weights on 4 (Residents #1, #2, #3 and #4) of 4 resident records reviewed.

The findings included:

Review of records for Residents #1, #2, #3 and #4 showed there were no weights in the records. The residents get assistance with Activities of Daily Living. Resident #1 was admitted . Resident #2 was admitted / /, Resident #3 was admitted and Resident #4 was admitted .

The facility Administrator confirmed, during an interview on at 1:15 p.m., that ther were no weights in the records.

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Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Cairn Park
9331 Via San Giovanni St
Fort Myers, FL 33905

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

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