STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	**01/04/2017**
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 2016014767 was conducted on 1/4/17 at Lamplight Inn an assisted living facility (license #5096) in Fort Myers, Florida.

The complaint contained 1 allegation, which was substantiated with a deficiency.

The following is a description of the deficiency.

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Z809 - Proof of Financial Ability to Operate - 59A-35.062(3)(e)&(7);408.803(7) &.810(8)

Based on record review and interviews, the facility failed to show evidence of financial stability by allowing employee's medical insurance to lapse; supplier accounts providing services being placed on hold for non-payment; and a pattern of non-payments to other facility vendors. This places a hardship on employees who no longer have medical coverage and had continued to pay insurance premiums after the coverage was terminated; and for the residents who may have a lapse in their services as a result of the vendors not being paid.

The findings included:

On 1/ at 12:15 p.m., Certified Nursing Assistant (CNA) Staff G said she had worked at the facility for over a year and has had an issue in the last w months with not having supplies on the unit where she works. Staff G said sometimes she has to go into the emergency supplies to get gloves and resident briefs and about 5 months ago, ran out of wipes for patient care completely. Staff G said there had been an issue with her paycheck now being handwritten and not direct deposit. She said her check had been deposited and then withdrawn which caused her to have overdraft charges. Staff G said there was an issue on with the paychecks not arriving and not received until . Staff G said sometimes she has to go to different banks to get her check cashed.

On 1/ at 12:41 p.m., Staff F (Medication Assistant), said there have been instances of running low on supplies especially wipes and sometimes she has to search the building for disposable briefs. Staff F said the paychecks were late on and several months before money had been out of her bank account after the direct deposit.

On 1/ at 12:47 p.m., Staff E (Housekeeping) said about 4 months ago her paycheck got after being deposited in the bank. Staff E said another issue was her medical insurance was canceled 1/ / and the premium was still being taken out of her checks. She said she asked about being reimbursed for the premiums and has not received an answer.

On 1/ at 1:17 p.m., Staff D (Dietary) said she did have 2 issues with her paycheck (direct deposit being and day late in receiving). Staff D said she also was affected by lapse in her insurance coverage.

On 1/ at 2:02 p.m., the Administrator confirmed there had been an issue with the paychecks not arriving as scheduled on . She said staff were waiting for the payroll to arrive as was usually at the facility by noon. The Administrator said the day shift staff waited for several hours along with other off duty staff who had come in to get their checks. The Administrator said staff became very angry when

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the checks did not arrive. She said she waited until 8:00 p.m. but the checks never came. The Administrator said the checks did not arrive until the next day. She said one staff member resigned because of this. In regards to the lapse in insurance, the Administrator said she became aware of this when an employee had become ill, went to the emergency could not fill his prescription. The Administrator said within a few days of this staff started bringing in letters notifying them of the medical insurance being canceled on . The Administrator said the money for insurance premiums was still being withheld from the employees' paychecks. The Administrator said staff are complaining they cannot see their family physicians because of no insurance and lack of payment. In regards to the paid insurance premiums, was told no staff will not be reimbursed but the medical coverage is supposed to be retroactive back to 11/1/16.

The Administrator said she is down 2 positions and is having trouble recruiting staff so has started to use an agency to cover. The Administrator said she does get emails from vendors looking for payment and forwards them to corporate. She said one who has emailed her is the company who services their sprinkler system but believes are now up to date with them. The Administrator said other vendors are paid but not in a timely manner.

On at 2:42 p.m. Staff C (Medication Assistant) said the issues started when the new company took over 6 months ago. She said everyone was direct deposit for their paychecks but now are paper checks. She did have an issue with her account being overdrawn after her paycheck was and last week her check was a day late. Staff C said now the issue is her insurance lapsed on . She was asked to sign up for new insurance but is declining it. Staff C said she was still having premiums taken out and the facility is supposed to reimburse her. Staff C said she had to pay out of pocket for medication due to her insurance being canceled and brought in the receipt but has not been reimbursed for that either.

On at 2:57 p.m., Assistant Administrator Staff A said she does the payroll and was deducting the insurance premium for herself and other staff enrolled in the program. She received a letter of non-coverage and was told her insurance coverage ended on . Staff A said she asked the Administrator if she should stop the payroll deduction and never received an answer. Staff A said they switched to a different health insurance provider for and several people enrolled. Staff A said in regards to the company who monitors the sprinkler system she did get an e-mail the account was on hold for lack of payment. Staff A confirmed according to the invoices she received, vendors were being paid late; had been sending past due notices; and shut off notices from the power company.

On at 9:15 a.m., the office manager with the facility's fire protection monitoring company confirmed the facility's account was on hold due to nonpayment. She said the company monitors the

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facility's sprinkler and fire alarm system. The office manager said the company will not service any of these systems until further notice and she had sent an e-mail to the facility notifying them of this.

On I/ at 9:44 a.m., the accounts representative for the facilities prior food vendor said the facility still owed a balance since . On I/ at 10:20 a.m. the account representative with the facilities current food vendor said there had been a stopped payment on that was now overdue.

The county utility bills were reviewed and the facility had received past due notices on I/ , , 9/7, , I, 6/3 and . On I/ at 9:50 a.m., the customer service representative at the county utilities department said the facility had a past due balance pending. She said there was an order to disconnect in but they found out seniors were living there so the order was canceled as did not want to leave them without water.

On I/ at 3:35 p.m., the facility's medical supplier representative said the account had been placed on hold for nonpayment effective this week and she has been instructed not to ship out any supplies. The vendor supplies the facility with disposable gloves, briefs, and personal care wipes.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

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

RE: CCR #2016014767

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on 2017 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. Submit summary and documents to the Field Office no later than , 2017.** 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 deficiency 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

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Fort Myers Field Office
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