AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968778	R 01/05/2017
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **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 revisit survey was conducted on / at Cairn Park an assisted living facility, (license #12629) in Fort Myers, Florida. This was a follow-up to the Biennial survey completed on .

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

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure evidence of a negative ( ) examination is documented on an annual basis for 2 (Staff D and E) of 3 staff reviewed.

The findings included:

1. Record review showed Staff D with a hire date of , as a med tech/resident care aide. Personnel file contains a communicable statement dated . There is no documentation of an annual examination in Staff D's file.

2. Record review showed Staff E with a hire date of / , as a med tech/resident care aide. Personnel file contains a communicable statement dated / . There is no documentation of an annual examination in Staff E's file.

On / at 11:26 a.m., the Executive Director agreed there were no updated examinations in the file and she would have this corrected.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure newly hired staff received required in service training in Elopement within 30 days of employment for 2 (Staff E and F) of 3 staff reviewed.

The findings included:

1. Record review showed Staff E with a hire date of 11/ , as a med tech/resident care aide. The personnel file for Staff E had no documentation of having received the required Elopement training.

2. Record review showed Staff F with a hire date of , as a med tech/resident care aide. The personnel file for Staff F had no documentation of having received the required Elopement training.

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

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

On 1/5/17 at 11:26 a.m., the Executive Director agreed there is no documentation of the trainings and plans to hold trainings over the next several weeks.

Class III

0082 - Training - .../ - 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure newly hired staff received the required /Acquired Deficiency (/) training within 30 days of employment for 1 (Staff F) of 3 staff reviewed.

The findings included:

Record review showed Staff F with a hire date of , as a med tech/resident care aide. The personnel file for Staff F had no documentation of completing the required training in / .

On / at 11:26 a.m., the Executive Director agreed there is no documentation of the trainings and plans to hold trainings over the next several weeks.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review, and interview, the facility failed to ensure 1 (Staff E) of 3 staff reviewed received the appropriate training related to assistance with the self -administration of medications.

The findings included:

Record review showed Staff E with a hire date of / , as a med tech/resident care aide. Staff E's personnel file contained a certificate for a 4-hour initial training in assisting residents with self-administration of medication dated . There was no documentation of having received the annual 2-hour update.

On / at 11:26 a.m., the Executive Director agreed there is no documentation of the trainings and plans to hold trainings over the next several weeks.

Class III

AGENCY FOR HEALTH CARE ADMINISTRATION

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	AL11968778	R 01/05/2017
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SUMMARY STATEMENT OF DEFICIENCIES
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0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on record review, and interview, the facility failed to ensure 2 (Staff D and E) of 3 staff reviewed received Training Level II within 9 months of hire.

The findings included:

1. Record review of Staff D's file showed a hire date of . Staff D attended Training Level I on / . There is no documentation in file of Staff D attending Training Level II.

2. Record review of Staff E's file showed a hire date of 11/ . Staff E attended Training Level 1 on / . There is no documentation in file of Staff E attending Training Level II.

On / at 11:26 a.m., the Executive Director agreed there was no documentation of attending Training Level II in the files and that they should have this training. She said she will see that they receive the further training.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2017 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2017.**

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,

Laura Wirts for
Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

BBT7

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Fort Myers, FL
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