AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968545	01/10/2017
NAME OF PROVIDER OR SUPPLIER **DISCOVERY VILLAGE AT THE FORUM LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2619 FORUM BLVD** **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 1/9/17 through 1/10/17 at Discovery Village at The Forum, an assisted living facility (license #12420), in Fort Myers, Florida. The survey was completed in conjunction with a revisit survey.

The following is a description of the deficiency 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 obtain documentation of negative examination on an annual basis for 1 (Staff C) out of 5 staff records reviewed.

The findings included:

Record review for Staff C found she was hired on / / as a Licensed Practical Nurse. Further review found that the most recent negative test on record was dated / / and expired on / /.

On / / at 2:00 p.m., the Executive Director confirmed that indeed Staff C lacked the needed documentation. She said she will assure staff will obtain the document as soon as possible.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Discovery Village At The Forum Llc
2619 Forum Blvd
Fort Myers, FL 33905

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted 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, RN
Field Office Manager

JS:
Enclosure: State (5000-3547) Form

XG90

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