| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968842 | 03/13/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**CAIRN PARK 2** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2710 VIA SANTA CROCE CT**<br>**FORT MYERS, FL 33905** | |

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

**0000 - Initial Comments**

An unannounced relicensure survey was conducted at Cairn Park 2, an assisted living facility, (license #12694) in Fort Myers, Florida.

The following is description of the deficiencies.

**0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC**

Based on record review and interview the facility failed to ensure proper professional qualifications of facility staff to provide medication administration for 1 (Resident #3) of 2 residents reviewed.

The findings included:

Resident #3's Health Assessment form 1823 (1823) dated indicated Resident #3 needed medication administration.

On at 11: 15 a.m., the administrator admitted the facility used medication technicians who are not qualified for medication administration. The Administrator said she hadn't noticed Resident 3's 1823 indicated medication administration and that they had been providing Resident #3 with assistance with self-administration of medications. The Administrator said she would contact the doctor and get it corrected.

Class III

**0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC**

Based on record review and staff interview, the owner failed to notify the agency of the change of administrator within 10 days, failed to meet the requirement of an administrator supervising a maximum of three assisted living facilities and failed to appoint in writing a minimum of 2 managers to assist in the operation and maintenance of the facilities.

The findings included:

Record review of the agency database on listed Staff D as administrator for Cairn Park, Cairn Park 2 and Cairn Park 3.

Record review of the agency database on listed Staff E as the administrator for Cairn Park 4.

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| NAME OF PROVIDER OR SUPPLIER **CAIRN PARK 2** | STREET ADDRESS, CITY, STATE, ZIP CODE **2710 VIA SANTA CROCE CT FORT MYERS, FL 33905** | |

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

Review of the Agency for Healthcare Administration Background Screening (BGS) website Roster lists Staff C as administrator of Cairn Park. The BGS roster also lists Staff E as administrator of Cairn Park.

On at 12:40 p.m., Staff E said Staff D is no longer the administrator of the facilities and Staff E has been the Administrator of Cairn Park 1, 2, and 3 since her date of hire on . Staff E said Staff C is the manager and was hired . Staff C has not completed CORE training. There are no other managers.

Class III

**0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC**

Based on record review and interview the facility failed to ensure the administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

The findings included:

Record review of the Administrator personnel file contained no documentation of attending a 2 hour food service designee training.

On at 11: 15 a.m., the Administrator said either her or her assistant were responsible for the food service. The Administrator said both she and her assistant had attended the one hour nutrition and safe food handling training but didn't realize they needed the 2 hour training. The Administrator said she would get the training.

Class III

**0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC**

Based on observation and interview the facility failed to ensure a 3-day supply of nonperishable food based on resident census was on hand at all times.

The findings included:

On at 10: 30 a.m., observation of the non-perishable food supply on hand revealed 3 boxes of cereal, 5 boxes of macaroni and cheese, 1 large bag of pasta, 1 can of marinara sauce, 3 cans of soup and 2 gallon jugs of water.

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| NAME OF PROVIDER OR SUPPLIER<br>**CAIRN PARK 2** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2710 VIA SANTA CROCE CT**<br>**FORT MYERS, FL 33905** | |

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

On . . . . at 10:35 a.m., Staff B said this was the only area food was stored in the facility and these were the only non-perishables on hand.

On at 11:15 a.m., the Administrator agreed there was not a 3- day emergency supply of food available at the facility. The Administrator said the emergency supply of food was kept in one central site at one of the sister facilities. The Administrator said they only recently reopened that house and were still getting things in order and would get a 3 day of non- perishable food on site in the facility.

Class III