STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	**05/08/2017**
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 Limited Nursing Services suvery was conducted on at Lamplight Inn, an assisted living facility (License #5096) located in Fort Myers, Florida.

The following is a description of the deficiency.

N278 - LNS - Records - 58A-5.031(3) FAC

Based on record review and interview the facility failed to have monthly nursing assessments maintained for 5 (Residents #1, #2, #3, #4, and #5) of 8 residents receiving limited nursing services.

The findings included:

On at 9:00 a.m., review of Residents #1, #2, #3, #4, and #5 showed the monthly nursing assessment for , 2017 were not signed by a Registered Nurse.

During an interview on at 10:19 a.m., the Executive Director said, "Staff A signs off the Limited Nursing Services assessment, but she has been off due to a in family. There is no replacement at this time. I am working on getting a replacement."

Class III