STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968842	**02/22/2018**
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)

0000 - Initial Comments

An unannounced complaint survey for CCR #2017012799 was completed on at Cairn Park 2, an assisted living facility (license #12694) in Fort Myers, Florida.

The following is description of the deficiencies.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and staff interview, the facility failed to demonstrate that a procedure for receiving and responding to resident complaints was implemented upon receipt of a complaint.

The findings included:

During a file review on no grievance log was found.

During an interview on at 1:40 p.m., the Executive Director reported she was unaware if the facility had a grievance log.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and staff interview, the facility failed to maintain an accurate daily Medication Observation Record (MOR) for 2 (Resident #2 and #3) of 3 sampled closed records and 1 (Resident #7) of 2 current records sampled.

The findings included:

Record review of Resident #2's record revealed the MOR was missing.

Record review of Resident #3's record revealed a missing reverse side of the MOR, that identified staff names assisting with resident medications, and documentation of reasons if any medications were not given.

Record review of Resident #7's record revealed a missing reverse side of the MOR that identified staff

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names assisting with resident medications and documentation of reasons if any medications were not given.

During an interview on at 4:00 p.m., the Executive Director reported she was unaware the MORs for the above residents were not complete.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and staff interview, the facility failed to make a reasonable effort to ensure prescriptions for 1 (Resident #7) of 2 current and 3 closed records reviewed were filled or refilled in a timely manner.

The findings included:

Record review of Resident #7's MOR for , 2018 revealed , (medication to treat symptoms of ,) 20 mg take 1 capsule by mouth twice daily, scheduled 8:00 a.m. and 8:00 p.m. This medication was documented by staff as not given for dates: through and reason given: "medicine out."

During an interview on at 11:00 a.m., certified nursing assistant Staff C reported there are many staff who assist residents with self-administration of medication at the facility who do not chart their medications.

During an interview on at 4:00 p.m., the Executive Director reported she was unaware the medication was not given and was not aware if the facility had a medication policy.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and staff interview, the facility failed to maintain complete accurate records for 4 (Residents #1, #2, #3, and #7 of 4 records reviewed.

The findings included:

The facility failed to have complete resident records for Resident #1, #2, #3, and #7.

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

Resident #1's record was missing documentation regarding .....

Resident #2's record was missing complete Medication Observation Record (MOR).

Resident #3's record was missing the reverse side of the MOR sheet identifying staff assisting with medications and reasons if medications were not given.

Resident #7's record had an incomplete MOR, there was no reverse side of the MOR sheet identifying staff assisting with medications and reasons if medication was not given.

During an interview on ..... at 4: 00 p.m., the Executive Director reported she was not aware the above listed residents had incomplete records and the facility did not have a complete Admission/Discharge log.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and staff interview, the facility failed to have a complete demographic sheet for 4 (Residents #1, #3, #4, and #7) of 4 sampled residents.

The findings included:

Review of the records for Resident #1, #3, #4, and #7 revealed that their demogrphic sheets were incomplete.

During an interview on ..... at 4:22 p.m., the Executive Director reported she was not aware the above listed Resident demographic sheets were not charted correctly by facility staff.

Class III

0164 - Records - Inspection Availability - 58A-5.024(4) FAC

Based on record review and staff interview, the facility failed to have resident records made available to residents or resident's legal representative for 1 (Resident #1) of 3 records sampled.

The findings included:

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Record review of Resident #1 revealed Resident #1's wife, his Power Of Attorney, repeatedly requested a copy of his facility record from the facility and was denied by the facility.

During an interview with the Executive Director on at 4:16 p.m., she reported she was not aware of any resident requesting copy of their facility record.

Class III