STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	**03/19/2018**
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 complaint survey for CCR #2018000304 and CCR #2018002092 was conducted on at Lamplight Inn, an assisted living facility (license #5096) in Fort Myers, Florida.

The following is description of the deficiency.

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record review and staff and resident interview, the facility failed to ensure 3 (Resident #34, #35, and #36) of 6 resident refunds were paid within 45 days of discharge.

The findings included:

Resident refund request form dated documented Resident #34 was discharged on . The request form documented the resident was due $644.80 refund. The refund was due within 45 days, no later than . A copy of the check showed it was issued on , more than a month overdue.

Resident refund request form dated documented Resident #35 was discharged on . The request form documented the resident was due $1,806.45 refund. The refund was due within 45 days, no later than . A copy of the check showed it was issued on , more than a month overdue.

Resident refund request form dated documented Resident #36 was discharged on . The request form documented the resident was due $727.59 refund. The refund was due within 45 days, no later than . A copy of the check showed it was issued on , more than a month overdue.

During an interview on at 11:45 a.m., the Administrator said there was a conflict regarding who should issue the checks. The refund checks were issued on .

Class III