STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	R 05/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAMPLIGHT INN	**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 revisit survey was conducted on through at Lamplight Inn, an assisted living facility (license # 5096) in Fort Myers, Florida.

This was a follow-up to the complaint survey completed on .

The following is description of the deficiency found at the time of the revisit.

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

Based on record review and staff interview, the facility failed to ensure 1 (Residents #35) of 3 resident refunds were paid within 45 days of discharge, failed to provide services per contract for 3 (Residents #62, #63, and #8) of 3 residents receiving care. The facility failed to ensure the current contracts being utilized by the facility contained all required information. Lack of a complete contract can lead to insufficient services and a lack of information which allows the resident or responsible party to make an informed decision about admission to the facility before being admitted.

The findings included:

1. Resident refund request form dated documented Resident #35 was discharged on . The request form documented the resident was due $644.80 refund. The refund was due within 45 days, no later than .
On at 10:45 a.m., the Administrator said Resident #35 was issued 2 checks, but both were returned because the account had been closed by Better Senior Living (the management entity). The Administrator said the refund was still outstanding.

2. On at 2:45 p.m., the Wellness Director provided a list of residents receiving home health services.
Resident #62 had an order dated directing skilled nursing to see patient for care for right ankle for a diagnosis of open to right ankle and pain. Another order dated for skilled nursing to see patient or care and to use adaptive, non-adhering , with medi honey, and roll gauze to hold in place.

Resident #63 had an order dated for skin removed at left cheek. Refer to home health for care: cleanse site with , apply Xeroform and dressing, change dressing 3 times per week for 2 weeks for a diagnosis of , .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	R 05/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAMPLIGHT INN	**1896 PARK MEADOW DRIVE** **FORT MYERS, FL 33907**

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

Resident #8 had an order dated [redacted] for [redacted] performed on left [redacted]. Refer to home health for [redacted] care: cleanse site with [redacted], apply Xeroform and dressing, change dressing 3 times per week x 2 weeks for diagnosis of [redacted] (an abnormal growth such as [redacted]).

Per Florida Statute 429.255, a facility with a limited nursing services license may apply and change routine dressings that do not require packing or irrigation, but are for [redacted], [redacted] and closed surgical wounds.

On [redacted] at 9:22 a.m., the Administrator said the facility contract is all inclusive. He said the facility provided limited nursing services (LNS) and there is no added charge for LNS services. He could not explain why routine dressings were not being provided by the facility LNS nurse. The Administrator asked if that was covered under LNS. He said he would assume the home health agency was billing for the [redacted] care.

3. A review of the contract revealed it did not include all the information required under 429.24 Florida Statutes and 58A-5.125 Florida Administrative Code.

The contract did not include the following:
a. Accommodations such as a private or semi-private [redacted].
b. Services including assistance with transfer and toileting; limited nursing services; and specific [redacted] related services unique to the facilities program.
c. Ancillary charges referred to in the handbook;
d. Refund policy for advanced payment conflict between the damaged clause of the refund policy and the advanced payment cause and lack of refund policy for the [redacted] fee..
e. A statement of religious affiliation or not;
f. Frequency of health assessment beyond the initial required at admission;
g. Information on medication assistance, informed consent for unlicensed staff being overseen by a nurse or not and over-the-counter labeling requirements.
h. [redacted] policy and procedure.

4. On [redacted] at 1:30 p.m., the Admission Staff Person verified the admission packet was complete and included all the required information.
On [redacted] at 3:30 p.m., the Admission Staff Person again verified the admission packet was complete and was all the information given out at the time of admission.

On [redacted] at 3:30 p.m., the Administrator verified the facility contract and charges were "all-inclusive."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	R **05/31/2018**
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)

He said no other charges are billed for except the , fee.
Review of the contract did not support his statements.

Class II