

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953349	(X3) DATE SURVEY COMPLETED 07/18/2018
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 emergency power plan monitoring and complaint survey for CCR# 2018009487, CCR# 2018009296, CCR# 2018009665 and CCR# 2018009981 was conducted on _____ at Lamplight Inn, an assisted living facility (license #5096) in Fort Myers, Florida.

Complaint #CCR 2018009487 contained 1 allegation of which was unsubstantiated
Complaint #CCR 2018009981 contained 2 allegations of which were unsubstantiated.
Complaint #CCR 2018009296 contained 2 allegations which were unsubstantiated.
Complaint #CCR 2018009665 contained 2 allegations of which one was substantiated with deficiency.

The following is description of the deficiencies.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a safe environment free from hazards.

The findings included:

During the tour of the facility on _____ at 9:15 a.m., the following was observed:

Strong odor of _____ from # _____, observed _____ soaked briefs in open trash can in _____.
_____ strong odor of _____. Observed _____ soiled briefs in open trash can in _____.

_____ resident wheelchair noted in middle of the _____ resident's robe over back of wheelchair. The administrator reported on _____ at 9:30 a.m., the resident did not use the wheelchair. The wheelchair was observed to have a yellow crusty surface along sides.

_____ noted strong odor of _____ coming from _____. Observed _____ soiled brief in open trash container in resident's _____. The resident reported at 11:15 a.m., she had reported to staff two weeks earlier the toilet base was loose and rocked when she sat on it. Outside of toilet was covered with dried feces.

Memory Care # _____ observed broken window _____.

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During interview with administrator on 07/18/2018 at 9:30 a.m., she reported she was not aware of above issues observed during the tour. Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on record review and interview, the facility failed to maintain written work schedules and staff time sheets for the most current 6 months. The findings included: Record review on 07/18/2018 revealed no written staff work schedules or staff time sheets for the most current 6 months. When asked on 07/18/2018 at 10:00 a.m., for staffing schedules dating back 6 months, the administrator reported she could not locate any schedules prior to 07/18/2018. Class III		