

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965230	(X3) DATE SURVEY COMPLETED 08/21/2018
NAME OF PROVIDER OR SUPPLIER INN OF CYPRESS COVE AT HEALTH PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 10300 CYPRESS COVE DRIVE FORT MYERS, FL 33908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced extended congregate care and emergency power plan monitoring survey were conducted on _____ at Inn of Cypress Cove at Health Park, an assisted living facility (license # 9630) in Fort Myers, Florida. The following is description of the deficiency. E205 - ECC - Health Assessment - 58A-5.030(5) FAC Based on record review and interview, the facility failed to ensure a Resident Health Assessment 1823 (1823) is conducted no more than 60 days before a resident received extended congregate care (ECC) services for 5 (Residents #1, #2, #3, #4, and #5) of 6 residents receiving ECC services. The findings included: The facilities ECC log revealed Resident #1 had been admitted to ECC services on _____. A review of Resident #1's file revealed the most recent 1823 was dated _____. The facilities ECC log revealed Resident #2 had been admitted to ECC services on _____. A review of Resident #2's file revealed the most recent 1823 was dated _____. The facilities ECC log revealed Resident #3 had been admitted to ECC services on _____. A review of Resident #3's file revealed the most recent 1823 was dated _____. The facilities ECC log revealed Resident #4 had been admitted to ECC services on _____. A review of Resident #4's file revealed the most recent 1823 was dated _____. The facilities ECC log revealed Resident #5 had been admitted to ECC services on _____ and again on _____. A review of Resident #5's file revealed the most recent 1823 was dated _____. On _____ at 11:00 a.m., the ECC supervisor said she had not been aware of this. Class III		