STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	R 10/10/2018
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 revisit survey was conducted . . . . through . . . . at Lamplight Inn, an assisted living facility (license # 5096) in Fort Myers, Florida.

This was a second follow-up to the complaint survey. The complaint survey was completed on . , and first follow-up was completed . . . . .

The following is description of the uncorrected deficiency found at the time of this visit.

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

Based on record review and interview a contract was not executed for 1 (Resident #25) of 3 residents reviewed for complete and accurate contracts. State Statute requires a contract at or before admission. This was previously cited and remains an uncorrected deficiency.

The findings included:

On . . . . review Resident #25's records found no contract for this resident.

In an interview on . . . . at 2:48 p.m., the Administrator confirmed she could not find a contract for Resident #25.

On at 2:49 p.m., the Business Office Manager agreed there was no evidence that a contract for Resident #25 had been executed.

Class III