STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969359	R 05/01/2019
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE FORT MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **14001 METRO PKWY** **FORT MYERS, FL 33912**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on at American House Fort Myers, an assisted living facility in Fort Myers, Florida.

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

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

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to have discontinued medications stored in a locked location.

The findings included:

Tour of the wellness center on the second floor at on at 10:45 a.m., with the Administrator and Wellness Director revealed the door was unlocked with no staff were present, all current resident records were in an unlocked closet and on the floor was a large red plastic bin containing resident medications that were to be picked up by a pharmacy. The treatment cart was unlocked and contained sterile needles.
The medications included:
( ) mix , 2 packages.
( ) 2 mg tablets-10 tablets in -pack.
(medication) XL- bottle
(medication) ½ tablets-48 left in pack.
Diltiazam (medication) ER 180 mg 25 tablets.
Twelve other packs of medications were noted.

During an interview on at 10:55 a.m., with the Health and Wellness Director, she reported she was unaware the door was not locked and medications in the storage bin were not secured.

Class III