STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964197	11/04/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE FORT MYERS THE COLONY**	STREET ADDRESS, CITY, STATE, ZIP CODE **13565 AMERICAN COLONY BLVD FORT MYERS, FL 33912**	

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

0000 Initial Comments

An unannounced limited nursing services survey was conducted on / at Brookdale Fort Myers the Colony, an assisted living facility in Fort Myers, Florida.

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

0054 Medication - Records

Based on record review and interview, the facility failed to maintain an accurate daily Medication Observation Record (MOR) for 1 (Resident #2) of 3 record reviewed.

The findings included:

Record review of the overnight shift (10:00 p.m. through 6:00 a.m.) MOR documentation, revealed that the facility did not appropriately document application of the resident's ointment to the affected area. The MOR was not signed 31 times in 2015, not signed 26 times in 2015, not signed 26 times in , 2015, and not signed 10 times in 2015.

Interview with the Director of Nursing on / / at 1:00 p.m., verified the unsigned MORs. She said the overnight staff, which are med-techs, have been instructed and educated to fully fill out the MOR.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Fort Myers The Colony
13565 American Colony Blvd
Fort Myers, FL 33912

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiency identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida