

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 11/16/2016  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11965026</b>	(X3) DATE SURVEY COMPLETED  R <b>11/01/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>BROOKDALE FORT MYERS CYPRESS LAKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919</b>	

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

**0000 Initial Comments**

An unannounced revisit survey was conducted on 11/1 at Brookdale Cypress Lakes, an assisted living facility (license #9430) in Fort Myers, Florida. This was a follow-up to the complaint survey CCR #2016007544 completed on .

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

**0079 Staffing Standards - Levels**

Based on resident and staff interviews, the facility failed to have adequate staff to meet the needs of residents based on interviews with 3 (Resident #2, #3, #4) of 4 sampled residents.

The findings include:

1. During interview on 11/1 at 2:30 p.m., Resident #2 reported when she presses her pendant button for assistance she waits a long time. She reported it is a continuing problem on the evening shift. She reported after eating dinner in the dining room she needs assistance in getting to the elevator. She reported it frequently happens because the resident aides do not respond, and the dining servers take her to the elevator. She reported when she exited the elevator she saw her resident aide in the hallway laughing with another resident aide and when she asked the aide why she did not respond to her pendant call. The aide had replied she was busy.
2. During interview on 11/1 at 2:05 p.m. Resident #3 reported when she uses her pendant call button for assistance at night she has waited up to 90 minutes for a response from the Resident aides. She reported the dining room does not have enough servers and frequently the residents have to wait to be served after they are seated.
3. During interview on 11/1 with at 1:45 p.m., Resident #4 reported she had witnessed residents pushing their pendant buttons for assistance in the dining room but their calls are not answered. She reported she witnessed a resident press her pendant button at 6:15 p.m. and the resident did not get assistance until 6:45 p.m. She reported there is not enough help in the dining room and there are not enough servers, and today the residents were not served until 12:50 p.m.
4. During an interview on 11/1 at 3:45 p.m., Resident Aide Staff E reported the dining servers are very slow and need supervision. Staff E reported there was an issue with the staffing on the night shift as 25% of the staff call out.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11965026</b>	(X3) DATE SURVEY COMPLETED  R <b>11/01/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>BROOKDALE FORT MYERS CYPRESS LAKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919</b>	

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

Class III

**0152 Physical Plant - Safe Living Environ/Other**

Based on observation and interview, the facility failed to provide a safe living environment free from hazards for the residents.

The findings include:

1. During tour of the facility on 11/1/16 at 11:00 a.m., the following was observed (photo number):

Lobby wall - numerous indentations and scuff marks (photo #35);

Dining room - scuff marks along wall (photo #36 & #37) and paint missing from chair rail and window frame (photo #38);

Room 101 - black substance noted on shower curtain (photo #39) and large black stains on floor (photo #40);

Hallway in room 101 - large black stain on carpet, scuff marks on door (photo #41);

Room 101 - large area of ceiling unpainted (photo #42);

Room 101 - large amount of scuff marks on door (photo #43);

1st floor common area walls - scuff marks along wall, missing paint on baseboard, missing plaster on corner of wall (photo #44);

Room 101 - large black stain on carpet (photo #45);

Room 101 - large amount of black stains on carpet (photo #46);

2nd floor hallway - scattered scuff marks on walls (photo #47 & #48);

Outside laundry room - wallpaper peeling from wall and scuff marks along edge of wall (photo #49);

Room 101 - open floor seam next to shower (photo #50);

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 11/16/2016  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11965026</b>	(X3) DATE SURVEY COMPLETED  <b>R 11/01/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>BROOKDALE FORT MYERS CYPRESS LAKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919</b>	

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

Outside room 243 - open ceiling 2nd floor (photo #51);

Room 248 - carpet with raised ridge (trip hazard) (photo #52);

Room 249 - scuff marks on door (photo #53);

Outside - large brown stain on ceiling (photo #54);

..... kitchen corner wall - open area along baseboard (photo #55);

Med lounge wall 3rd floor - scuff marks on wall, wallpaper peeling back from wall at corner (photo #56);

Memory Care - brown stains along wall, scuff marks at corner of wall (photo #57) and large brown stain noted on couch cushion (photo #68);

Memory Care hallway - large crack in ceiling tile (photo #66);

..... - large black stain on ceiling (photo #58);

Memory Care dining - scuff marks along wall, large piece of wood missing from baseboard (photo #59), large brown ceiling stain with paint peeling (photo #60), scuff marks along 2 walls (photo #67), and large scuff marks noted on wall (photo #69);

Memory Care water hydration station - screw protruding from cabinet, paint peeling and scuff marks noted around screw (photo #61), water hydration container top covered with large amount white substance (photo #62), and counter top with a large amount of pink and brown stains (photo #63);

Outside - brown stain on wall, area around electric outlet cracked (photo #64);

..... - scattered brown stains on door (photo #65);

..... - large black stains and small amount red stains on rug (photo #70) and scattered black stains (photo #71).

2. During interview on 11/1 at 11:00 a.m., the Director of Maintenance/Housekeeping reported when he was hired , 2016, he was the only maintenance person and only recently he was provided additional maintenance staff.

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 11/16/2016  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11965026</b>	(X3) DATE SURVEY COMPLETED  R <b>11/01/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>BROOKDALE FORT MYERS CYPRESS LAKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919</b>	

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

During interview on 11/17 at 5:50 p.m., the Executive Director reported she thought there was sufficient maintenance staff.

(Photos on file)

Class III

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11965026	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT .....	Y3
NAME OF FACILITY BROOKDALE FORT MYERS CYPRESS LAKE			STREET ADDRESS, CITY, STATE, ZIP CODE 7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919		

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0030	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) <i>[Signature]</i>	DATE 1/16/2016	SIGNATURE OF SURVEYOR <i>[Signature]</i>	DATE 11.16.16
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 9/14/2016	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	---	--



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
INTERIM SECRETARY

February 11, 2016

Administrator  
Brookdale Fort Myers Cypress Lake  
7460 Lake Breeze Drive  
Fort Myers, FL 33919

Dear Administrator:

This letter reports the findings of a revisit survey conducted on February 11, 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than February 11, 2016.**

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 surveyor. 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 and Revisit Report

BBT7

