

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965026	(X3) DATE SURVEY COMPLETED R 01/03/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE FORT MYERS CYPRESS LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 1/3/17 at Brookdale Fort Myers Cypress Lake, an Assisted Living Facility (license #9340) in Fort Myers, Florida. This was a follow-up to the complaint revisit survey completed on 11/1/16.

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

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

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

The findings included:

During a tour of the facility on 1/3/17 at 9:50 a.m. with the Executive Director (ED) the following was observed:

Common areas - black staining to carpets throughout building;

Lobby walls - numerous indentations and scuff marks in walls;

Dining room - scuff marks on walls, indentations in walls from chairs, water stains on ceiling;

Room 101 - black substance on shower curtain and black stains on floor, water damage to wall;

Room 131 - large amount of scuff marks on door;

Room 132 - large amount of staining on wall, scuffs on walls/corners in living area;

Room 133 - large amount of black stains on carpets;

Second floor - scattered scuff marks on walls;

Outside laundry room - floor - wallpaper peeling from wall and scuff marks along edge of wall;

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2017
FORM APPROVED

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**SUMMARY STATEMENT OF DEFICIENCIES
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Room 243 - Loud fan in

..... - carpet with raised ridge (trip hazard);

Memory Care dining - scuffs on walls, water stains on ceiling;

Memory Care hydration station - 2 large bolts/screws protruding from cabinet;

On 1/3/17 at 11:50 a.m. the ED states she understands the environment will be recited. The ED said she has been and will continue working on getting the issues fixed. The ED stated they had a leak this past Sunday that affected the ceilings and a new roof is currently being placed on the building. Also stated that they had the carpets cleaned but the stains seeps back up into the carpets within a few days.

Class III



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on
3, 2017 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the uncorrected
deficiency that was identified on the day of the visit.

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** , 2017.

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

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Enclosure: State Form

YOSF

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