AGENCY FOR HEALTH CARE

ADMINISTRATION			FORM APPROVED
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED	
	AL11964197	02/14/2017	
NAME OF PROVIDER OR SUPPLIER BROOKDALE FORT MYERS THE COLONY	STREET ADDRESS, CITY, STATE, ZIP CODE 13565 AMERICAN COLONY BLVD FORT MYERS, FL 33912		
(FINDIN	SUMMARY STATEMENT OF DEFI GS PRECEDED BY TAGS AND REGULATORY		

0000 - Initial Comments

An unannounced Biennial and Limited Nursing Services (LNS) survey was conducted on and at Brookdale Fort Myers, the Colony, an Assisted Living facility (license #8817) in Fort Myers, Florida.

The following is description of deficiencies.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have evidence of negative () examination documented on an annual basis for the Executive Director and 2 (Staff B and C) out of 3 staff records reviewed.

The findings included:

Record review of Executive Director, Staff B, and Staff C's files revealed no current annual documentation of negative() exam.

During an interview with Executive Director on at 11:00 a.m., she reported she was not aware reports were missing.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to have Elopement Response training for 2 (Staff B and C) out of 3 staff rerecords reviewed. ADL (activities of daily living) and Behavioral needs training for 1 (Staff C) out of 3 staff records reviewed, and documentation of Nutritional and Safe food handling training for 2 (Staff A and C) out of 3 staff records reviewed.

The findings included:

Record review of Staff A, hire date, revealed no documentation of training within 30 days of hire for Nutritional and Safe food handling.

Record review of Staff B, hire date , revealed no documentation of training within 30 days of hire for Elopement Response Training.

G6FT11

AGENCY FOR HEALTH CARE

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED	
	AL11964197	02/14/2017	
NAME OF PROVIDER OR SUPPLIER BROOKDALE FORT MYERS THE COLONY	STREET ADDRESS, CITY, STATE, ZIP CODE 13565 AMERICAN COLONY BLVD FORT MYERS, FL 33912		
(FINDINGS PR	SUMMARY STATEMENT OF DEFICIE ECEDED BY TAGS AND REGULATORY IDE		
Record review of Staff C, hire date for Elopement response training, ADL and handling training.			
During interview with Executive Director of training was not done. She reported the			
Class III			
0082 - Training - / - 58A-5.0191(3	3) FAC		
Based on record review and interview, the () training for 1 (Staff B) out of 3 staff			
The findings included:			
Record review of Staff B, hire date hire.	, revealed no documentation of	training within 30 days of	
During an interview with the Executive Diaware training was not documented.	rector on at 11:00 a.m., sh	ne reported she was not	
Class III			
0090 - Training -	- 58A-5.0191(11) FAC		
Based on record review and interview, the training for 1 (Staff B) out of 3 staff recor		()	
The findings included:			
Record review of Staff B, hire date () training within 30 days of hire.	, revealed no documentation of		
During interview on at 11:00 a.m. documentation was missing.	, with Executive Director, she repo	orted she was not aware	
Class III			

AHCA Form 5000-3547