

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11964663</b>	(X3) DATE SURVEY COMPLETED  <b>07/19/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>BROOKDALE FORT MYERS LAKES PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>14521 LAKEWOOD BOULEVARD FORT MYERS, FL 33919</b>	

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

**0000 - Initial Comments**

An unannounced relicensure and Limited Nursing Services survey was conducted at Brookdale Lakes Park, an assisted living facility (license #9183) in Fort Myers, Florida.

The following is description of the deficiency.

**N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC**

Based on record review, observation and interview, the facility failed to provide Limited Nursing Services (LNS) as authorized by a health care provider's order and maintain a copy of the order in the resident's file for 1 (Resident 3) of 4 LNS files reviewed.

The findings included:

On [redacted] at 11:56 a.m., licensed practical nurse (LPN) Staff A was observed performing [redacted] care to Resident 3's left lower leg. LPN Staff A said Resident 3 was on LNS services.

A review of Resident 3's file revealed an order dated [redacted] for LNS services for [redacted] care for 7 days. No further LNS orders were found in Resident 3's file.

On [redacted] at 12:59 p.m., LPN Staff A provided a generic [redacted] care order stating that was what they were following. The generic [redacted] care order had no resident name, no date and no signature from a health care provider.

On [redacted] at 1:27 p.m., the Executive Director (ED) said they should not be providing treatment without an order and she would look into it.

On [redacted] at 4:00 p.m., the ED said she had spoke with the Health and Wellness Director and the LNS supervisor and they should have picked it up. The ED said they would obtain an order.

Class III