

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11965026</b>	(X3) DATE SURVEY COMPLETED  <b>11/02/2017</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 complaint survey for CCR# 2017011116 & 2017012152 was conducted through . . . . . at Brookdale Fort Myers Cypress Lake, an Assisted Living Facility (license#: 9430) in Fort Myers, Florida.

The complaints contained 3 allegations, of which 2 were unsubstantiated and 1 was substantiated. An incidental finding not related to the complaints was also cited.

The following is description of the deficiencies.

**0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC**

Based on record review and interview, the facility failed to ensure 1 (Resident #3) of 4 health assessments reviewed. had a face to face medical examination by a health care provider at least every 3 years after the initial assessment.

The findings included:

A review of Resident #3's chart revealed an AHCA health assessment form 1823 (1823) dated . . . . . There were no more recent 1823s in Resident #3's chart.

On . . . . . at 4:30 p.m., The Administrator acknowledged Resident #3's 1823 was out dated and said she would get the form updated.

Class III

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS**

Based on record review and interview, the facility failed to have a written grievance procedure for receiving and responding to resident complaints, and to demonstrate that such procedure is implemented upon receipt of a complaint for 3 (Residents #4, #5, and #6) of 3 residents reviewed.

The findings included:

On . . . . . at 12:00 p.m., the Health and Wellness Director (HWD) provided a grievance log. The grievance log was completely blank. The HWD said she was unsure if the Administrator kept files somewhere else, as the Administrator was on vacation.

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On            at 12:15 p.m., the Administrator said the grievance log is available at the front desk for residents to use. The Administrator said the residents don't use it. They speak to her directly instead and it can usually be taken care of that way. The Administrator provided the name of residents she had worked with that had missing items. She said Resident #4 had missing jewelry, said she personally helped Resident #4 look for it but the jewelry was not found. She said Resident #4 had moved out and she has heard nothing further from her about the jewelry. The Administrator also said Resident #5 had complained about missing shirts. The Administrator said the shirts had been found. The Administrator also said Resident #6 had complained about missing furniture when moving from Assisted Living to Memory care. The Administrator said the power of attorney had taken the furniture as there was not            it, and this issue had been resolved.

On            at 1:08 p.m., Resident #5 said her tops were missing and they haven't been found. Resident #5 said she doesn't do her laundry here as she has a friend that helps do her washing. Resident #5 said they were stolen and they never replaced anything.

On            at 4:30 p.m., the Administrator admitted she does not have a file regarding the missing jewelry, the missing shirts, or for the resident who thought furniture was missing. The Administrator said she had checked with her boss that day and was told even if the resident doesn't put it in writing in the grievance log, she has to.

Class III