## AGENCY FOR HEALTH CARE ADMINISTRATION

NAME OF PROVIDER OR SUPPLIER BROOKDALE FORT MYERS	STREET ADDRESS, CITY, STATE, ZIP CODE  14521 LAKEWOOD BOULEVARD  FORT MYERS, FL 33919		
	AL11964663	01/16/2018	
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED	

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

## 0000 - Initial Comments

An unannounced complaint survey for CCR#2017017258 was conducted on at Brookdale Fort Myers Lakes Park, an assisted living facility (license #9183) in Fort Myers, Florida.

The complaint survey had 1 allegation, of which 1 was substantiated.

The following is description of the deficiency.

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

Based on complainant, resident, and staff interviews and observation, the facility failed to honor residents' rights for a clean and decent living environment. Eight (Resident #6, #7, #9, #11, #13, #14, #15, and #16) of sixteen residents' ... observed were unclean.

The findings included:

During an interview on at 4:55 p.m., the complainant said the facility is "very dirty." The complainant had to clean their family member's a regular basis because the facility did not do a good job.

On . . . . a tour of the facility was conducted with the Sales Manager. During this tour the following were observations were made:

- \* The carpets in of Residents #6, #9, #11, #13, #14 and #16's were dirty and stained.
- Resident #6's debris on his carpet showing it was not vacuumed. His walls had many scratches and gouges. His trash bin had brown substance throughout it. His wheelchair was dirty with dust, dirt and food particles.

During this observation at 9:55 a.m., the Sales Manager said the scratches and gouges are from Resident #6's wheelchair.

On at 10:00 a.m., Resident #7 said her commode overflowed yesterday and she had water in her part of her . . . She asked the staff to clean her floors but it has not been done as of vet.

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964663	01/16/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE FORT MYERS LAKES PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 14521 LAKEWOOD BOULEVARD FORT MYERS, FL 33919	

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

several ants crawling around the hill.

Observation on showed Resident #15's a strong odor throughout the apartment.

Observation showed his bed sheets were wet.

On at 11:00 a.m., the Sales Manager confirmed these observations.

Class III