THE COLONY	FORT MYERS, FL 33912	
NAME OF PROVIDER OR SUPPLIER BROOKDALE FORT MYERS	STREET ADDRESS, CITY, STATE, ZIP CODE 13565 AMERICAN COLONY BLVD	
	AL11964197	04/16/2019
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)

Z814 - Background Screening Clearinghouse - 435,12(2)(b-d), FS

Based on employee file review, and staff interview, the facility failed to ensure employees were put on the facility clearinghouse roster within 10 days of hire for 1 (Staff A) of 4 employees sampled.

The findings included:

- 1. On , review of personnel files revealed Staff A was hired on as a licensed practical nurse (LPN), and had not been placed on the facility's clearinghouse roster by, the time of the survey.
- On at 9:30 a.m., the Administrator confirmed LPN Staff A was not placed on the facility's clearinghouse roster within 10 day of hire.

Unclassed

NAME OF PROVIDER OR SUPPLIER BROOKDALE FORT MYERS THE COLONY	STREET ADDRESS, CITY, STATE, ZIP CODE 13565 AMERICAN COLONY BLVD FORT MYERS, FL 33912		
	AL11964197	04/16/2019	
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 biennial relicensure and limited nursing services survey was conducted from through at Brookdale Fort Myers The Colony, an assisted living facility in Fort Myers, Florida.

The following is description of the deficiencies.

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

Based on record review, and interview, the facility failed to ensure staff received the following required education within 30 days of hire for 3 (Staff A, B and C) of 3 staff records reviewed.

The findings included:

 Employee file review of Licensed Practical Nurse (LPN) Staff A, who was employed on revealed no documentation she had received the following mandatory training: 1 hour of reporting major incidents, adverse incident and facility emergency procedure training.

Employee file review of Resident Aide () Staff B, who was employed on , revealed no documentation she had received the following mandatory training: 3 hour Activities of Daily Living & behavioral needs training, elopement training, 1-hour reporting major incidents, adverse incident and facility emergency procedure training.

Employee file review of Staff C, who was employed on , revealed no documentation she had received the following mandatory training: 1 hour of reporting major incidents, adverse incident and facility emergency procedure training.

On at 9:30 a.m., the Administrator confirmed the lack of the appropriate documentation of training for Staff A, B, and C in the areas recorded above.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review, and interview, the facility failed to ensure staff received

/acquired (/) training within 30 days of hire

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED	
	AL11964197	04/16/2019	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE		
BROOKDALE FORT MYERS	13565 AMERICAN COLONY BLVD		
THE COLONY	FORT MYERS, FL 33912		
(FINDINGS PR	SUMMARY STATEMENT OF DEFICIE ECEDED BY TAGS AND REGULATORY IDE		
for 2 (Staff A and C) of 3 staff records rev	iewed.		
The findings included:			
Employee file review for Licensed Practice revealed no documentation of /		as employed on,	
Employee file review for Resident Aide St documentation of / training within	aff C, who was employed on	. , revealed no	
2. On at 9:30 a.m., the Administratraining for Staff A and Staff C in /	ator confirmed the lack of the app	ropriate documentation of	
Class III			
•			
0090 - Training -	- 58A-5.0191(11) FAC		
Based on record review, and interview, the facility's policy and procedures regard employment for 2 (Staff B & C) out of 3 starts.	arding		
The findings included:			
Employee file review for Resident Aide found there was no documentation of a 1 days of hire.		on File review () training within 30	
Employee file review for Staff C found documentation of a 1-hour	she was hired on File r	eview found there was no ithin 30 days of hire.	
2. On at 9:30 a.m., the Administration at a staff B and C in policy	ator confirmed the lack of the apparent	ropriate documentation of	
Class III			
0091 - Training - Documentation & Moni	toring - 58A-5.0191(12) FAC		

AHCA Form 5000-3547 STATE FORM

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BROOKDALE FORT MYERS	13565 AMERICAN COLONY BLVD	
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	AL11964197	04/16/2019
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)

Based on record review, and interview, the facility failed to ensure staff training was properly documented and monitored as required for 3 (Staff A, B and C) of 4 staff records reviewed.

The findings included:

- 1. On _____ employee file review revealed, direct care Staffs A, B and C did not have documentation of required in-services specified by regulation. The facility training documentation did not show the subject matter of training or agenda, the hours of training or the training provider's name, date, credentials or sionature.

the training provider's name, date, credentials or signature.

D181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review, and staff interview, the facility failed to ensure there was a current Comprehensive Emergency Power Plan (CEMP) approval.

The finding included:

- 1. Record review for facility's CEMP was not found. No letter of submission or letter of rejection of the plan could be found or produced by the Administrator during the survey.
- 2. On _____ at 10:00 a.m., the Administrator said she knew the plan had been submitted and then rejected on ____ She said she did not have everything in place for the CEMP so she said she never submitted it again.

O6SF11

Class III

Class III