STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965763	09/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Barrington Terrace - Ft Myers	9731 Commerce Center Court Fort Myers, FL 33908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:
This is a Change of Ownership (CHOW) and Extended Congregate Care (ECC) survey, done in conjunction with a complaint survey CCR 2013008835, completed on [redacted] at Barrington Terrace an Assisted Living Facility (ALF).

The following is a description of non-compliance:

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

Based on observation and interview, the facility failed to assess and provide 3 (Residents #8, #9, and #20) of 33 resident's in the Evergreen unit, keys to their [redacted] and failed to have a visual code posted to allow visitors access to the locked unit.

The findings include:

1. Observation on the Evergreen unit, a memory care unit, (200 Hall) revealed all resident [redacted] were locked. Staff has to swipe the lock to get into resident [redacted] Many of the residents sleep in recliners in the serenity lounge and the sensory area in the hallway where they can be observed by staff. Staff reported there are 2 (Residents #18 and #19) residents with keys to their [redacted] Staff reported Resident #18 stays in her [redacted] her choice and only comes out for meals when she wants. Staff reports she uses her key independently. Resident #19 shares a [redacted] his wife and does not really need [redacted] unit. He has access throughout the community and a key to his [redacted]

2. Interview with Evergreen Director on [redacted] at 11:00 a.m., reported there are approximately 7 residents who ambulate /self-propel throughout the unit without a key to their [redacted] She stated it is company policy that all resident [redacted] are locked for safety and avoid wandering from other residents.

3. Observation on [redacted] at 2:00 p.m., revealed Resident #8 puts her shoe in doorway so she can have access to her [redacted] She states the shoe allows her to get in and out of her [redacted] asking staff to do it.

4. Observation of the memory unit green hallway door had a keypad on [redacted] There was no posting of the code for visitors to have access to the unit. On [redacted] at 9:55 a.m., the Resident Care Director stated she would escort the surveyor into the memory unit. She stated the code is not given out by employees.

5. On [redacted] at 1:30 p.m., during an interview with Resident #15, whose wife lives on Evergreen unit states the memory care unit is a penitentiary. It is like a prison. No one is allowed in without an escort. It is a nuisance. He states his wife loves music and to get her to leave the unit to come to lobby for activity is an ordeal. He has to go through the nurse's office, and has to wait for staff to get off the unit himself. He stated, " If you can help me with this door situation, I would be very thankful."

6. Interview with Resident #16 in dining [redacted] at 1:45 p.m., confirmed his wife resides on the

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Evergreen unit. He stated he visits wife daily. He stated it is inconvenient having to ask someone to get him in and out, what can you do?

7. Interview on [redacted] at 2:10 p.m., with the family member of Resident #17 stated she has a key to her mother's [redacted]. She stated that it is "A pain in the Butt" not to have access to the unit. She stated the security system is ridiculous. They see me all the time and I feel they don't trust anyone. She states her mother is wheelchair bound and can't get to the door.

8. Interview with the Administrator on [redacted] at 1:00 p.m., revealed she wants to keep the resident's safe. She stated she has had an incident where a family member who is also a resident was leaving the Evergreen unit a resident walked out. She confirmed that there are approximately 25 residents who are not an elopement risk.

9. After surveyor intervention, the facility posted a code in Roman numerals near the green Evergreen unit door.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and confirmed by interview with facility staff, the facility failed to ensure that one (Resident #8) of 2 residents' records reviewed had documentation of Power of Attorney (POA) were maintained on the premise and included in the resident record.

The findings include:

Record review on [redacted] at 4:00 p.m., revealed Resident #8's grandson-in-law signed the contract on [redacted]. There was no documentation that the POA or HCS (Health Care Surrogate) were in the record.

Interview with the Administrator on [redacted] at 4:00 p.m., verified the POA papers were not in the facility. The Administrator stated she'd call the family and have him bring them in.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Barrington Terrace - Ft Myers
9731 Commerce Center Court
Fort Myers, FL 33908

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) and an Extended Congregate Care (ECC) survey that was conducted on . 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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