STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965763	06/05/2014
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 - E207 - 58a-5.030(8) Fac - Ecc - Services S-S= D

Specific Tag Findings:
An unannounced Extended Congregate Care (ECC) and off year monitoring visit was conducted on . . . . at Barrington Terrace an Assisted Living Facility (ALF).

The following is a description of their citations:

E207-ECC - Services 58A-5.030(8) FAC
Based on record review, observation, and interview the facility failed to ensure 1 (Resident #2) of a sample of 4 residents reviewed for Extended Congregate Care (ECC) services, received services consistent with the health care provider's orders.

The findings include:

Record review on . . . . . revealed the health care provider's order for Resident #2, written on . . . . . states "Order Clarification: Admit to ECC for O2 . . @ 2L (2 liters) via N/C (nasal cannula) continuously."

Resident #2 was observed sitting in the dining . . . . the Evergreen Unit on . . . . at 9:30 a.m. Observation of the . . tank attached to her chair showed it was turned off. Resident #2 was observed not to be wearing a nasal cannula. The resident did not appear to be in any distress at this time.

During an interview on . . . at 9:35 a.m. Staff B, a Licensed Practical Nurse (LPN), stated that the . . . was turned off when the resident was transported to the dining . . . . . It should have been turned back on.

Interview with Staff C, a resident assistant, at 10:50 a.m., revealed the nurse left the . . . off when she changed it from the concentrator to the tank for transportation to breakfast.

Further interview with Staff B on . . . . . at 10:55 a.m., revealed the nurse left the . . . off when she changed it from the concentrator and failed to connect it to the portable tank. She stated she was called away to the phone.

Interview with Staff A, Resident Care Director, on . . . at 11:00 a.m., revealed the process for transferring a resident who needs continuous . . . is to disconnect from concentrator, and connect to the portable tank immediately.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

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

Dear Administrator:

This letter reports the findings of an Extended Congregate Care (ECC) survey that was conducted on 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 . 2014 to verify that the necessary corrections are in place to correct the deficiency 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 surveyors. 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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