STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965763	**12/28/2017**
NAME OF PROVIDER OR SUPPLIER **BARRINGTON TERRACE - FT MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **9731 COMMERCE CENTER COURT FORT MYERS, FL 33908**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR#2017014545 was conducted on at Barrington Terrace-Fort Myers, an assisted living facility (license #10100) in Fort Myers, Florida.

The complaint contained 2 allegations, of which 2 were substantiated with deficiencies.

The following is description of the deficiencies.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and staff interview, the facility failed to provide supervision appropriate for each resident for 3 (Resident #1, #2, and #3) out of 3 residents sampled.

The findings included:

1. Resident #1 was admitted on . Resident #1 required assistance with ambulation and was listed "at risk for ." Resident #1 had a total of 3 at the facility, on and 2 on .

Resident #2 was admitted on . Resident #2 required supervision with ambulation and was listed as " precautions". Resident #2 had a total of 9 at the facility, on , , , , , (2 times), and .

Resident #3 was admit on . Resident #3 required supervision with ambulation. Resident #3 had a total of 3 at the facility, on , and .

2. During an interview with the Executive Director and the Director of Resident Care on at 1:30 p.m., they reported they were aware of the resident .

Class III

0028 - Resident Care - Activities of Daily Living - 58A-5.0182(4) FAC

Based on record review and staff interview, the facility failed to offer supervision or assistance with ambulation as ordered on health assessment for 3 (Resident #1, #2, and #3) out of 3 residents sampled.

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

The findings included:

1. Resident #1 was admitted on . Resident #1 required assistance with ambulation and was listed "at risk for ." Resident #1 had a total of 3 at the facility, on and 2 on .

Resident #2 was admitted on . Resident #2 required supervision with ambulation and was listed as " precautions". Resident #2 had a total of 9 at the facility, on , , , , , , (2 times), and .

Resident #3 was admit on . Resident #3 required supervision with ambulation. Resident #3 had a total of 3 at the facility, on , and .

2. During an interview with the Executive Director and the Director of Resident Care on at 1:30 p.m., they reported they were aware of the resident .

Class III

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

Based on record review and staff interview, the facility failed to maintain a safe environment to prevent for 3 (Resident #1, #2, and #3) out of 3 residents sampled.

The findings included:

1. Resident #1 was admitted on . Resident #1 required assistance with ambulation and was listed "at risk for ." Resident #1 had a total of 3 at the facility, on and 2 times on .

Resident #2 was admitted on . Resident #2 required supervision with ambulation and was listed as " precautions". Resident #2 had a total of 9 at the facility, on , , , , , (2 times), and .

Resident #3 was admit on . Resident #3 required supervision with ambulation. Resident #3 had a total of 3 at the facility, on , and .

2. During an interview with the Executive Director and the Director of Resident Care on at 1:30 p.m., they reported they were aware of the resident .

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

Class III