STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965763	**09/05/2018**
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 re-licensure, extended congregate care and emergency power plan survey was conducted from through at Barrington Terrace, an assisted living facility (license # 10100) in Fort Myers, Florida.

The following is description of the deficiencies.

0009 - Admissions - Admission Package - 58A-5.0181(3) FAC; 400.0078(2)

Based on record review and interview, the facility failed to ensure a complete admission packet was available for new admissions to the facility. Failure to provide a complete admission packet leads to a lack of necessary information and may lead to misunderstanding between the resident or their representative and the facility.

The findings included:

Record review of facility's admission packet revealed that the following information was not included:

1. Medication storage policy;
2. Reporting resident , neglect, and , policy.
3. Administrative and housekeeping schedules and requirements;
4. control, sanitation and universal precautions;
5. The requirements for coordinating the delivery of services to residents by third party providers.

Record review of the facility "Assisted Living Residency Agreement" revealed the following:

1. Page #5 second paragraph from the top under section c indicated that the facility, after residents reassessment; if it results in a change in level of care, the facility will consult with resident or representative and change their level of care and related fees. Agreement did not include language related to 30 days notice before the rate increase.
2. Page #7 paragraph b, related to removal of personal property, found the following: "if you fail to remove your personal property as of the termination date, we may elect to remove your personal property from the apartment and place it in a storage at your expense. See Section 4 Ji . Under section Ji on page #6 the following language was found: "Community will charge you for storing items at the rate equal to the cost to the community. Per regulatory requirements storage is not to exceed 20% of monthly fee."

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Page #45. Listed Resident Rights. Regulatory reference was made to chapter 400 and not chapter 429 of F.S. Chapter 429 F.S. has been in effect since 2006.
Page #71. Under laundry services indicated that arrangements will be made by phoning the receptionist. No dry cleaning fees listed.

During an interview with the Executive Director on at 10:35 a.m., confirmed that the facility's admission package was incomplete since it did not include all required documents.

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 facility failed to comply with residents rights by excluding the facility's policies and procedures on resident admission packet utilized prior to admission to facility. That has the potential of future disagreements or misunderstanding between residents or resident representatives and facility.

The findings included:

Record review of the facility's admission packet revealed that the following information was not included:

1. Medication storage policy;
2. Reporting resident , neglect, and , policy.
3. Administrative and housekeeping schedules and requirements;
4. control, sanitation, and universal precautions;
5. The requirements for coordinating the delivery of services to residents by third party providers.

Record review of the facility "Assisted Living Residency Agreement" revealed the following::

1. Page #5 second paragraph from the top under section c indicated that the facility, after residents were reassessed and if the assessment resulted in change of level of care, the facility will consult with resident or representative and change their level of care and related fees. The agreement did not include language related to 30 days notice before the rate increase.

2. Page #7 paragraph b related to removal of personal property, found the following: "if you fail to remove your personal property as of the termination date, we may elect to remove your personal property from the apartment and place it in storage at your expense. See section 4 Ji . Under section Ji

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on page #6 the following language was found: "Community will charge you for storing items at the rate equal to the cost to the community. Per regulatory requirements storage is not to exceed 20% of the monthly fee."
Page #45 Listed Resident Rights. Regulatory reference was made to chapter 400 and not chapter 429 of F.S. Chapter 429 F.S. has been in effect since 2006.
Page #71 under laundry services, indicated that arrangements will be made by phoning the receptionist. No dry cleaning fees listed.

During an interview with the Executive Director on at 10:35 a.m., confirmed that the facility's admission package was incomplete since it did not include all required documents.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and staff interview, the facility failed to ensure the dietician approved the menu on an annual basis.

The findings included:

Record review of the facility's menu found it was last approved on and expired on .

An interview with facility's certified dietary manager, confirmed that the menu was last approved on . The certified dietary manager said he was unaware of the yearly review and approval requirement.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and staff interview, the facility failed to obtain an approved emergency management plan on an annual basis as it is required.

The findings included:

Record review revealed that the facility submitted an emergency management plan to the local county emergency management agency on .

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The facility received written notification by the local county emergency management agency on . . . . indicating that plan was not approved since there were 11 corrections needed.

The facility resubmitted the plan on . . . . with all corrections needed. No other information was received from the local county emergency management agency.

The Executive Director called the office of the local county emergency management agency on at 10:30 a.m., and was told the plan was not approved as of . . . . . No further information was provided by the Administrator.

Class III