

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965763	(X3) DATE SURVEY COMPLETED 10/24/2018
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 complaint survey for CCR# 2018015041 was conducted on at Barrington Terrace, an assisted living facility (license # 10100) in Fort Myers, Florida.

The complaint contained 3 allegations, 2 of which were unsubstantiated.

One allegation was substantiated with deficiencies.

The following is description of the deficiencies.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and staff interview, the facility failed to file an adverse incident report as required.

The findings included:

Record review found that on there was an incident that took place in the facility that involved Resident #1. On at 3:30 a.m., Resident #1 used her call light in order to ask for help. Staff A came to Resident #1's When Resident #1 asked for help to change her brief Staff A left to find the briefs. Staff A returned in few minutes with briefs. Staff A threw wipes at Resident #1 and told her to clean up her self. When Resident #1 asked for help, Staff A turned Resident #1 on the side facing the wall and pushed resident against the wall. As a result of the incident Resident #1 hit her head and upper body. Resident #1 started screaming "help". Staff A threw a blanket over Resident #1's face and left the The Charge Nurse found Resident #1 on around 6:30 a.m. Resident #1 was as a result of the incident. The Administrator was notified immediately. The Administrator began an investigation and called the Department of Children and Families. Staff A was terminated the same day and her license was reported to the appropriate agency.

During an interview with Resident #1 on at 10:45 a.m., she confirmed the incident. She said Staff A initially threw wipes at her and told her to clean up her self. When Resident #1 told her she needed help, Staff A pushed her against the wall and placed a blanket over her head when she started screaming for help. Resident #1 said she stayed up all night out of fear that Staff A might come back. She said for several nights after she stayed up fearful that Staff A may return. She said the facility reassured her that she was safe and she has never seen Staff A again, but the whole incident left a bad

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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taste in her mouth. During an interview with the Resident Care Coordinator on at 11:01 a.m., it was confirmed that Resident #1 had on her face as a result of the incident that took place on On the facility initiated a 1 day adverse incident report. On the facility withdrew the adverse incident report. On a representative from Department of Health (DOH), the Medical Quality Assurance Investigator came to the facility with a law enforcement officer to conduct further investigation in relation to the incident that took place on On at 1:00 p.m., during a telephone interview the Executive Director said they initially withdrew the adverse incident because they did not think it fit the criteria. She also stated they did not file another adverse incident report after even though law enforcement was involved in the case. She said it did not register in her mind that she needed to file an adverse incident report. During a telephone interview on at 2:45 p.m., the representative from DOH confirmed that she and a law enforcement officer went to the facility for the investigation that involved Resident #1. Class III		