

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105723</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HEARTLAND HEALTH CARE CENTER FORT MYERS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1600 MATTHEW DRIVE FORT MYERS, FL 33907</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0584  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</b>  Based on observation and interview the facility failed to ensure resident used equipment was maintained in a safe, clean, and sanitary environment. The findings included. On 3/11/20 at 9:30 a.m., during the tour of the facility's south shower room showed a dirty Arjo lift (a lift used to help people stand up). The base of the lift had encrusted dried debris, had a broken piece of protective plastic, and many stains. The chair scale (a specialized chair used to weigh people) had many stains on the base of the legs. During an interview on 3/11/20 at 3:50 p.m., the Housekeeper Director said housekeeping was supposed to power wash them on a schedule. They were supposed to be cleaned in between patients. During an interview on 3/11/20 at 4:30 p.m., the Director of Nursing said the certified nursing assistants were to wipe down the equipment in between resident uses. ***Photographic evidence obtained***		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.