Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965603	A. BUILDING: _____ B. WING _____	04/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE ASSISTED LIV AT LIFE CARE CENTER OF OI	3201 ROUSE ROAD ORLANDO, FL 32817

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Complaint Investigation #2020007865 was conducted on [redacted]. The Bridge Assisted Living at Life Care Center of Orlando had a deficiency at the time of the visit.	A 000		
A 030 SS=D	59A-36.007(6) FAC; 429.28(..) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; [redacted], Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- [redacted] or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

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A 030	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical	A 030		

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A 030	Continued From page 2 by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the	A 030		

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A 030	Continued From page 3	A 030		

resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , , , , , , , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for

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A 030	Continued From page 4 a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman	A 030		

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A 030	Continued From page 5 Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to safe guard seventy-five residents' well-being by failing to follow current control standards related to COVID-19 and Florida Governor's Executive Order 20-82, dated , , delineating that all persons who enter the State of Florida from an area with substantial community spread, to include the New York Tri-State area, to or , for a period of 14 days from the time of entry into the State of Florida or the duration of the person's presence in the State of Florida, whichever is shorter.	A 030		

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A 030	Continued From page 6 Findings: During a visit with the Health Department at 9 a.m. on , the administrator identified resident #1 and said the resident was admitted to the facility from a New York rehabilitation facility on and upon her admission, she was placed on isolation. The administrator said that on , the resident complained of , and and was sent to the hospital. On , the facility was informed by the hospital that the resident tested positive for Covid-19 . The admisnitrator said they admitted the resident based on the 1823 health assessment form. Resident #1's record, reviewed on , revealed she was admitted to the facility on . Her admission 1823 health assessment form, dated , was signed by a health care provider whose address was in New York and it indicated that she was free from communicable . At 8:50 a.m. on , the administrator said the resident was admitted to the facility directly from a nursing and rehabilitation facility located in Queens, New York and had arrived by medical transport. When questioned further, she said she did not ask the discharging facility whether the resident had been tested for Covid-19 because she assumed the facility would have told her if the resident had been. A facility admission note, authored by a nurse and dated , indicated that she arrived at 11:15 a.m. Her vital signs were normal, and she wore at 2 liters per minute continuously. In addition, the note indicated that she had "a	A 030		

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A 030	Continued From page 7 watery . . . . . with a very strong smell during the assessment." A facility note, dated , indicated that she was transported to the hospital for a temperature of 99.9 degrees, and . . . At 9:23 a.m. on . . . . . , the resident's family member said the resident was brought directly from a New York rehabilitation facility to the Assisted Living Facility (ALF) via medical transport on . . . . . . At 9:29 a.m. on . . . . . , nurse A, who authored the admission note, said the resident arrived at the facility via medical transport. She said she spoke with the director of nursing (DON) about the resident having . . . . and the DON told her a health care provider would see the resident on . . . . . . The nurse said that although not documented in the resident's record, the resident had an episode of . . . . on . . . . . and said she read in the resident's transfer paperwork that she had . . . . . . Review of the resident's entire record did not reveal documentation that indicated she was diagnosed or being treated for . . . . "Clostridioides (also known as C. diff) is a bacterium that causes . . . . and . . . . (an of the)." (cdc.gov). At 9:41 a.m. on , the DON said she was aware the resident had loose stools and said she had at least one episode every day. When questioned further, she said a health care provider was not notified of the because the resident did not yet have one and was scheduled to start services with a local health	A 030		

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A 030	Continued From page 8 care provider on [redacted]. She said although there was no documentation in the resident's record regarding [redacted], the resident did arrive with a discharge document from the New York rehabilitation center that indicated "[redacted] precautions" and said "we usually just shred those (documents) because we don't need them." She said the facility's usual procedure if a resident does not have an established health care provider and becomes ill, they are sent to the hospital, which in this case was not done. At 9:48 a.m. on [redacted], the administrator also reviewed the resident's entire record for discharge documents from the rehabilitation center but could not locate any. She said she herself spoke with a nurse from the rehabilitation center who told her the resident was treated for [redacted], but it had resolved. Review of the facility's [redacted] control policy did not address criteria for admission during the COVID-19 pandemic. Review of the hospital records revealed that on [redacted] the resident was tested for both SARS CoV2 PCR COVID 19 and C. [redacted]. The results indicated that COVID 19 [redacted] was detected and her [redacted] tested positive for [redacted] AG and toxin EIA. Class III	A 030		