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 _____ | 08/09/2022 |

| 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 |

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| CZ830 SS=D | 408.821 FS Emergency Management Planning<br><br>408.821 Emergency management planning; emergency operations; inactive license.-<br>(1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows:<br>(a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan.<br>(b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan.<br>(c) Submit necessary plan revisions within 30 days after notification that plan revisions are required.<br>(d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health.<br>(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.<br>(3)(a) An inactive license may be issued to a licensee subject to this section when the provider | CZ830 | | |

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| CZ830 | Continued From page 1<br><br>is located in a geographic area in which a state of emergency was declared by the Governor if the provider:<br>1. Suffered damage to its operation during the state of emergency.<br>2. Is currently licensed.<br>3. Does not have a provisional license.<br>4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.<br>(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.<br><br>(4) . . . Licensees providing residential or inpatient services must utilize an online database | CZ830 | | |

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| CZ830 | Continued From page 2<br><br>approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on the facility's documentation review and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) annually to the local emergency management agency as required.<br><br>Findings:<br><br>A review of the last submitted CEMP dated (last year), and there was no documented evidence that the CEMP was submitted for 2022.<br><br>(Photographic Evidence Obtained)<br><br>On at 3:20 PM, an interview with the Administrator and Maintenance Director confirmed the findings.<br><br>Class III | CZ830 | | |
| A 000 | Initial Comments<br><br>A Complaint Investigation #2022009817 and a generator monitoring was conducted at The Bridge Assisted Living at Life Center of Orlando on . The facility had deficiencies at the time of the survey. | A 000 | | |
| A 152 SS=D | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS. | A 152 | | |

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| A 152 | Continued From page 3<br><br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, facility's documentation review and interview, the facility failed to ensure | A 152 | | |

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| A 152 | Continued From page 4<br><br>that all mechanical and electrical systems were maintained in good working order as required.<br><br>Findings:<br><br>1. Observation on at 12:20 PM, noticed that the facility's air conditioners were not blowing cool air, it was hot air and approaching to hallway near -116 a portable air cooler blowing cool air on the 1st floor and another portable air cooler located in hallway near -132 (L shaped), this same hallway was shared with the kitchen, small laundry rooms and maintenance office. The L shaped hallways on the 1st floor were the hottest.<br><br>The last portable air cooler was in the big laundry room still on the first floor. All three (3) portable coolers were set on 64-degree Fahrenheit the lowest, and the hallways could only cool down to 81-degree Fahrenheit.<br><br>There were no portable air coolers on 2nd and 3rd floors. These two floors' hallways were a little bit cooler than 1st floor. The 2nd floor registered at 78-degree Fahrenheit, and the 3rd floor at 77.3-degree Fahrenheit both by the agency's thermometer.<br><br>At 12:45 PM, the maintenance director took me around to all three floor hallways to document the problem areas where there were warmer air temperatures, and the l air conditioning was not blowing cool air as follows:<br><br>100-106<br>108-116<br>118-132<br>216-222<br>224-236 | A 152 | | |

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| A 152 | Continued From page 5<br><br>241-248<br>314-322<br>324-336<br>341-348<br><br>For each of these hallways, the air conditioner thermostat was not working and not registering cool air as it should, showing blank. As we were walking around, the maintenance director explained that all the resident's room had their own individual air conditioner units, as well as the kitchen, dining room, 1st floor common area and front desk entrance.<br><br>(Photographic Evidence Obtained)<br><br>Reviewed the facility's air conditioner proposal quotes dated and to fix the facility's air conditioners. The Administrator also provided me an email dated documented that only one air conditioner replacement in a common area. The administrator nor the maintenance director could provide me any other documentation where the concerns with the air conditioners being fixed.<br><br>Interview with Maintenance Director on at the facility has a total of 17 air conditioner units and 7 of the 17 are not working.<br><br>(Photographic Evidence Obtained)<br><br>2. Observation on at 12:25 PM of the 2nd and 3rd floors temperatures, revealed the license on the elevator had expired on . The facility had only two elevators total.<br><br>On at 3:25 PM, an interview with the | A 152 | | |

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| A 152 | Continued From page 6<br><br>Maintenance Director stated that he was told that both elevators must be totally replaced and updated. They no longer make the parts for these elevators anymore because they are old and outdated.<br><br>Reviewed a repair work order for the elevator dated (last year), was just signed by the Administrator on . . . . . (this year) for amount $4015.01 for both elevators to be fixed. There was no follow documented evidence of the concerns with the elevators being fixed.<br><br>On . . . . . at 3:30 PM, an interview with the Administrator and Maintenance Director confirmed the findings. The administrator further stated that as for as the air conditioners, she will follow up more and that the facility was approved for 2 new ones. The company that supplies the air conditioners they order from said the supply demand was low because of the pandemic. He explained that it was hard to find a vendor to repair or replace the elevators.<br><br>Class III | A 152 | | |
| A 160 SS=D | 59A-36.015(1) FAC Records - Facility<br><br>The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper | A 160 | | |

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| A 160 | Continued From page 7<br>format, upon request.<br>(1) FACILITY RECORDS. Facility records must include:<br>(a) The facility's license displayed in a conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:<br>1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and,<br>2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of .<br>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).<br>(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff.<br>(e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C.<br>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C.<br>(g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. | A 160 | | |

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| A 160 | Continued From page 8<br>(h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S.<br>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C.<br>(j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.<br>(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years.<br>(l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years.<br>(m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.<br>(n) The facility's resident elopement response policies and procedures.<br>(o) The facility's documented resident elopement response drills.<br>(p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. | A 160 | | |

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| A 160 | Continued From page 9<br><br>This Statute or Rule is not met as evidenced by:<br>Based on the facility's documentation review and interview, the facility failed to obtain a current fire safety inspection report from the local fire authority, and a current sanitation inspection report from the county health department as required.<br><br>Findings:<br><br>A review of the last fire inspection report dated . . . . . and the last Department of Health group care inspection report dated from last year, and there was no other documented evidence provided that both inspections had been recently done for 2022.<br><br>(Photographic Evidence Obtained)<br><br>On . . . . . at 3 PM, an interview with the Administrator and Maintenance Director confirmed the findings.<br><br>Class III | A 160 | | |