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
	AL11964525	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARE BRIDGE OF TALLAH	1980 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308

(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 A complaint survey, CCR# 2012008909, was conducted on [redacted] at Clare Bridge of Tallahassee. Deficiencies were found at the time of the visit.	A 000		
A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a [redacted] pressure [redacted] may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed	A 010		

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health care provider, the resident shall be discharged from the facility.
(c) A terminally ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

This Statute or Rule is not met as evidenced by:

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Based on observation, facility staff interview, hospice staff interview and clinical record review, the facility failed to coordinate care services with a licensed hospice service for 1 of 2 residents sampled with pressure related wounds. Resident #1 had a on his/her tailbone area. The facility failed to consistently notify Hospice when the dressing became soiled or dislodged.

The findings:

An anonymous complaint was received which stated that Resident #1 had a or 4 which did not stay covered with a bandage.

An observation of care for Resident #1 was conducted on at approximately 10:50am. A hospice nurse was completing the care and a facility Resident Assistant (R.A. A) was assisting. The resident's brief was removed and an observation revealed a or 4 to the (tailbone) area. The brief was full of liquid brown stool and the dressing had off and was lying in the feces. Feces was also observed inside the An interview was conducted with the hospice nurse during this observation. The nurse stated that this was only the second time she had conducted care for Resident #1 and she was not sure how often the dressing came off. She also stated that she had a request into the physician to increase the dressing changes from one time a week to three times a week. The resident was frequently of stool resulting in the dressings getting soiled. The hospice nurse was asked if the facility was good at notifying hospice when this occurred. Resident #1 replied that no, the

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facility was not good at notifying Hospice about changes the dressing.

On [redacted] at approximately 11:50am, a follow-up interview was conducted with the hospice nurse. The nurse stated that she has been coming to the facility for about a month and a half. The hospice nurse was not sure how often the [redacted] dressing came off, and stated that it depended on the number of bowel movements. The hospice nurse stated that the dressing needed to be changed more often than weekly and there were new orders pending.

An interview was conducted with R.A. B on [redacted] at approximately 3:30pm. R.A. B stated that Resident #1's dressing comes off 2-3 times a day. She then tells the facility nurse and the nurse comes in and re-dresses the [redacted].

An interview was conducted with R.A. E on [redacted] at approximately 4:45pm. R.A. E stated that she had to change Resident #1's brief at least twice a shift and at least once in a typical shift the dressing was off.

On [redacted] at approximately 3:57pm, an interview was conducted with the Evening Shift LPN (LPN G). The LPN stated that she usually only works on weekends. LPN G has not needed to change the resident's dressing. The LPN stated that if she did, she would use the supplies in the resident's [redacted] care bag. The LPN confirmed that the facility nurses did not have the [redacted] care orders. She would call Hospice, and they would come out. This would be documented in both the resident notes and in the 24 hour report binder. The 24 hour report binder was provided for review. There was no documentation that Hospice was called for "as needed" [redacted] care.

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On [redacted] at approximately 11:00am, an interview was conducted with the Day Shift Licensed Practical Nurse F (LPN F). LPN F stated that if a dressing comes off, a staff nurse at the facility will notify hospice or home health and they will come out. The facility nurse will cover the [redacted] with a dressing in the meantime. They may just cover it for protection using a sterile dressing or they may complete the [redacted] orders as written if they are available. If this happens at night when a nurse is not here, the RAs will notify the Health and Wellness Director.

On [redacted] at approximately 3:06pm, an interview was conducted with the Executive Director. The Director stated that the facility co-managed patients on hospice and was in agreement with the care. The Director stated that if Resident #1's dressing came off, the facility nurses would notify hospice and cover the [redacted] with a clean sterile dressing or use a wet to dry dressing. The Director was unable to locate the actual care orders, but did locate Hospice nursing notes stating what they did during [redacted] care. The facility policy on what to do if a [redacted] dressing from Hospice or Home health comes off was requested. The Executive director was unable to find a written policy.

A record review of the facility [redacted] Care Binder was conducted. The binder contained [redacted] assessments conducted by Hospice and Home health nurses. No actual [redacted] care orders were located in the binder for any resident.

Resident #1's clinical records were reviewed. The specific [redacted] care orders were not located, however, [redacted] assessments performed by hospice were well documented. All facility nurse's

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A 010	Continued From page 5 notes in the active record were reviewed to . There was only one nurse's note indicating that hospice had been notified. On . at 11:20am a nurse documented that hospice was notified because an , stated the the resident's bottom was "bad". Hospice came out and assessed the resident at 10:00am that morning. There were no other notes indicating that the resident's dressing had come off, or that the facility nurses had done any type of dressing changes. Hospice nursing notes were reviewed from . to . On . at 11;15am a hospice nurse documented that Resident #1 was taken to her/his transferred to bed by facility staff aide. The resident was found to be . of stool. care provided. There was no dressing on the . The was cleansed well and a dressing was applied.	A 010		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (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 Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The	A 030		

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facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.
(c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida ... Hotline " 1(800)9€ or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s ... and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the

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resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit 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 shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be 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

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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 achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the 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 ... 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) Access to adequate and appropriate health care 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

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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 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.

This Statute or Rule is not met as evidenced by:
Based on observation and staff interview, the facility failed to provide a decent and safe living environment. The dining and the furniture in the activity in need of cleaning. There was an unsafe table in the assisted dining

The findings include:

An observation of the main activity conducted on at approximately 12:00pm. The carpet in the main multiple stains, but appeared vacuumed. There were 14 cushioned chairs in the activity Ten of the chairs were observed to have dirt, debris, and food particles under the cushions. Three of the chairs had dirty arms and three had stains on the

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A 030	Continued From page 10 cushions. An interview was conducted with the Executive Director during the observation. The Director stated that housekeeping worked 20 hours a week and that the carpet was being replaced. An observation of the assisted dining conducted on _____ at approximately 2:10pm. The walls of the assisted dining _____ in need of cleaning. The inner walls were observed to be dusty, and had scattered dried liquids and food particles. There were 4 tables observed in the assisted dining _____. There was a long table in the back of the _____ was unsafe. When pressure was applied to one corner of the table top, the table would tip over.	A 030		
A 079 SS=D	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities shall maintain the following minimum staff hours per week: Number of Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 residents over 95 add 42 staff hours per week. 2. At least one staff member who has access to facility and resident records in case of an	A 079		

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emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.
4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.
5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least must be designated in writing to be in charge of the facility.
6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.
7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service

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needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local

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CLARE BRIDGE OF TALLAH	1980 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308

(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 079	Continued From page 13	A 079		

fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on staff interview and record review of accident logs, the facility failed to provide staffing to meet the needs. This had the potential to effect all current 37 residents.

The findings:

Clare Bridge of Tallahassee advertises itself as a facility designed to meet the needs of , and memory care residents". The facility is licensed for 38 residents, and on the survey date of , had a census of 37 residents.

On , during a facility tour, several residents were observed with steri-strips and/or to their forehead and face, and several had scabs, or dressings on their arms and legs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964525	A. BUILDING _____ B. WING _____	

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The facility Incident Report Log was reviewed on ____. The incidents were trending upward:
2012: 10 incident/accidents
2012: 0 incident/accidents
2012: 17 incident/accidents
2012: 24 incident/accidents (19 of which were
2012: 24 incident/accidents so far this month (22 of which were

According to the log, so far for the month of ____ the facility was averaging one ____ per day.

On ____ at approximately 3:24pm, an interview was conducted with the Health and Wellness Director regarding the tracking and trending of ____. The Director stated that they identified that a lot of ____ were occurring at mealtimes. There was traffic ____ going to and from the dining ____ during meals. They have implemented a new meal-time procedure. The Director stated that the facility had 4 Resident Assistants ____ on evening shift and 3 on night shift.

According to the ____ Incident Report Log, half of the ____ had occurred during the evening shift. Interviews were conducted with all four of the evening shift RAs.

An interview was conducted with ____C on ____ at approximately 4:30pm. ____C stated that s/he did not feel that there was enough staff and that twice a week there were only three RAs working in the evenings.

An interview was conducted with ____B on ____ at approximately 4:35pm. ____B stated that there

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A 079	Continued From page 15 was not enough staff and that having a 5th . . . would be really helpful. An interview was conducted with . D on . . . . . at approximately 4:40pm. . . D also stated that there was not enough staff, and that having a 5th . . . would be helpful. An interview was conducted with . E on . . . . . at approximately 4:45pm. . . E stated that having a 5th . . . would be really helpful. They could use someone in the main area watching and assisting residents while the others are in . . . . . providing care. On . . . . . at approximately 4:30pm, an interview was conducted with the Executive Director and the Health and Wellness Director regarding the increase in incidents and . . . . . The Directors stated that they were aware of the increasing . . . . in the incident logs. The Directors stated that the facility provided staff based on resident care hours, and that as the residents age, the acuity was going up. They were already planning on adding a 5th . . . to the evening shift to meet the needs.	A 079		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Clare Bridge Of Tallahassee
1980 Centre Pointe Blvd.
Tallahassee, FL 32308

Dear Administrator:

Re: CCR #2012008909

This letter reports the findings of a state licensure survey that was conducted on 2012 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2012 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McGuire

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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