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
	AL11964515	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARE BRIDGE OF ORMOND BEACH	240 INTERCHANGE BLVD ORMOND BEACH, FL 32174

(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 An unannounced licensure complaint survey, CCR #2012008941, was conducted on 31, 2012. Clare Bridge of Ormond Beach had deficiencies found at the time of the visit.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on staff and resident interview, record review and observation, the facility failed to provide care and services in the form of medical intervention for a known medical condition in 1 out of 4 sampled residents (Resident #4). The findings include: An observation of Resident #4 on 2012 at 11:15 AM found raised red spots approximately 12 inches long by 5 inches across the right side of his torso. Resident #4 was observed scratching his right torso upon observation and reported " it itches. " An interview with Licensed Practical Nurse (LPN) #1 on , 2012 at 9:35 AM confirmed that Resident #4 had a on his back and his right torso. She reported the facility's protocol was to document any changes with residents in nursing notes and make the Director of Nursing (DON) and physician aware. An interview with LPN #2 on , 2012 at 2:55 PM confirmed Resident #4 had a on his back and right torso. She reported he was currently not taking any medications to treat or deal with side effects from the . An interview with the Director of Nursing (DON) on , 2012 at 8:40 AM found that Resident #4 was one of four residents that had a . Further interview with the DON on , 31, 2012 at 2:15 PM confirmed there was no documentation in Resident #4 chart about the or skin integrity. She also confirmed that Resident #4 was not receiving treatment for his .	A 025		

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A 025	Continued From page 2 A medical chart review of Resident #4 revealed a diagnosis of [redacted]. No documentation was found in nursing notes for Resident #4 regarding [redacted] or raised, bumpy skin. Further record review found no medications to address itching or [redacted] on Medication Observation Record for the month of [redacted] 2012. Class III Correction Date: , 2012	A 025		
A 029	58A-5.0182(5) FAC Resident Care - Nursing Services (5) NURSING SERVICES. (a) Pursuant to Section 429.255, F.S., the facility may employ or contract with a nurse to: 1. Take or supervise the taking of vital signs; 2. Manage pill-organizers and administer medications as described under Rule 58A-5.0185, F.A.C.; 3. Give prepackaged enemas pursuant to a physician ' s order; and 4. Maintain nursing progress notes. (b) Pursuant to Section 464.022, F.S., the nursing services listed in paragraph (a) may also be delivered in the facility by family members or friends of the resident provided the family member or friend does not receive compensation for such services. This Statute or Rule is not met as evidenced by: Based on staff interviews and record review, the facility failed to maintain nursing progress notes for 2 of 4 sampled residents (Resident #3 & #4). The findings include:	A 029		

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A 029	Continued From page 3 1) A review of Resident #3 record revealed resident was admitted on , 2012 with a diagnosis of and Resident medical record revealed an order dated , 2012 for Cream 5%, head to toe and wash off 8 hours later. Further review of Resident medical record found no mention of or skin integrity issues. Nursing notes were reviewed from 2012 through 2012 and revealed no mention of or itching. An interview with Licensed Practicing Nurse #2 on 2012 at 2:45 PM reported the facilities policy was document any changes with residents in nursing notes. An interview with the Director of Nursing (DON) on , 2012 at 8:40 AM revealed Resident #4 was one of 4 residents in the facility with a Further interview with DON at 2:15 PM confirmed there was no documentation in nursing notes regarding Resident #4's change in skin condition. 2) An observation of Resident #4 on 2012 at 11:15 AM found a located on the right side of his torso. A review of Resident #4 record revealed an admission date of , 2010 and a diagnosis of . Further review of Resident #4 record revealed no mention of or red/raised skin on nursing notes from , 2012 through , 2012. An interview with LPN #1 on , 2012 at 9:35 AM confirmed Resident #4 had a LPN #1 also reported that the facility's policy was to notate any change in resident's condition in	A 029		

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A 029	Continued From page 4 nurses' notes. An interview with the DON on 2012 at 8:40 AM revealed that Resident #4 was one of four residents with rashes. Further interview with the DON at 2:15 PM confirmed there was no documentation in Resident #4 chart regarding his or skin integrity. Class III Correction Date: , 2012	A 029		

RICK SCOTT
GOVERNOR

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Clare Bridge of Ormond Beach
240 Interchange Blvd.
Ormond Beach, FL 32174

Re: CCR #2012008941

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2012 by a representative 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 surveyor. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JM/KW/sm
Enclosure

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