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
	AL11966484	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE AT INVERRARY (THE)	4291 ROCK ISLAND ROAD LAUDERHILL, FL 33319

(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 CCR# 2012009451 and CCR# 2012010798 An allegation was confirmed related to CCR#2012010798. The Bridge at Inverrary, an Assisted Living Facility, had deficiencies found at the time of the visit on ..... This survey was conducted in conjunction with two revisit surveys. Please reference the separate reports.	A 000		
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or ..... services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable ..... which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that,	A 008		

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A 008	Continued From page 1	A 008		

in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and
8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information

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A 008	Continued From page 2	A 008		

and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a order for residents who do not wish

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A 008	Continued From page 3 to be administered in the case of or (g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure medical examinations (AHCA Form 1823) were accurate and reflective of the residents current condition for two of four sampled residents (Resident #1 and #4). The findings include: Residents #1 and #4 were observed on at 11:01 AM and 12:55 PM respectively, with the administrator and resident care director (RCD) present during the medication pass. Both residents were able to participate in self-administering their own medications. However, upon record review it was revealed that Resident #1 and #4's current medical examinations (AHCA Form 1823) documented they either needed "medication administration" by a licensed nurse or "medication management by	A 008		

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A 008	Continued From page 4 a third party". In an interview conducted 10/2 ... 4:07 PM, the administrator and RCD stated the 1823 forms were not accurate as written and agreed facility staff should have sought clarification from the health care providers who certified the examinations. Class III	A 008		
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 stage sore 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	A 010		

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A 010	Continued From page 5	A 010		

record; and
3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.
(c) A 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.

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A 010	Continued From page 6	A 010		

This Statute or Rule is not met as evidenced by:
Based on observations, interviews and record review, the facility failed to ensure continued appropriateness of placement for eight of fifteen sampled residents (Resident #'s 1, 2, 8, 9, 12, 13, 14 and 15), evidenced by the continued placement of residents who a). was not receiving hospice services but required total assistance with activities of daily living (ADL's); b). requires the use of continuous and/or as-needed and/or treatments; and 3). utilizes full leg braces and is non-ambulatory.

The findings include:

1. Record review revealed Resident #1 was admitted to the facility on with diagnoses including Parkinson's and She was observed on at 12:55 PM receiving assistance with ADL's from facility staff, the administrator was present. In an interview conducted at that time, the administrator stated resident #1 requires total assistance with her ADL's and confirmed she was not receiving hospice services, she acknowledged this made the resident's continued placement inappropriate. Review of the resident's medical examination (AHCA Form 1823) received post-survey dated documented she requires total assistance with all ADL's.

2. Record review revealed Resident #2 was admitted to the facility on She was observed on at 1:55 PM in the main lounge area in a wheelchair being attended by a private duty aide, the administrator was present. Thigh-high metal braces with shoes were

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A 010	Continued From page 7	A 010		

observed on both of the resident's legs. In an interview conducted at that time, the administrator confirmed the resident was non-ambulatory and stated they had no written health care provider orders for the braces. She added the family was adamant the braces were to be used daily. She acknowledged the resident's status was not appropriate for continued placement in an assisted living facility.
In an interview conducted at 4:32 PM, the resident's family member confirmed this information. Review of the resident's medical examination form dated revealed no reference to the resident's braces. Further review of her medical records revealed no references to her braces.

3. Resident #8 was observed on at 10:37 AM, with the administrator present. A was noted in use, the administrator stated it was a that was maintained by the resident's physician. She acknowledged the resident was not capable of self-maintaining the . Further investigation revealed the facility does not hold a limited nursing services license nor 24-hour nursing coverage, which deems this resident inappropriate for continued residency.

4. Based on information received from the administrator and the resident care director (RCD) in the entrance conference conducted on at 9:10 AM, Resident #15 was documented to have a and is not able to maintain it herself; this requires a limited nursing license and 24-hour nursing coverage.

5). Further investigation revealed Resident #9, 12, 13 and 14 all require either continuous or "as needed" and/or treatments and

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A 010	Continued From page 8 were not assessed and/or able to self-administer the [redacted] and/or [redacted] During observations made throughout the day of the survey from 9:30 AM to 4:15 PM, all four residents were observed either using [redacted] and/or had [redacted] and/or [redacted] equipment in their [redacted]. During an interview on [redacted] at approximately 4:15 PM, the administrator acknowledged the facility did not have a limited nursing license nor 24-hour licensed nursing coverage, which deems these residents are inappropriate for continued residency. Class III	A 010		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Bridge At Inverrary (The)
4291 Rock Island Road
Lauderhill, FL 33319

Re: CCR #2012009451 and 2012010798

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by a representative from 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 , 2013 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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