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
	AL11968414	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRADFORD HOMELIVING LLC	2335 SOUTEL DR JACKSONVILLE, FL 32208

(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 initial Limited Nursing Services survey was conducted at Bradford Homeliving, LLC in Jacksonville, Florida on , 2013. Deficiencies were identified as a result of the survey.	A 000		
AN277	58A-5.031(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C. (b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider ' s order, a copy of which shall be maintained in the resident ' s file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility ' s personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community.	AN277		

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AN277	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on staff interview, the Assisted Living Facility (ALF) failed to employ or contract with a registered nurse who shall be available to provide such services as needed by potential Limited Nursing Services (LNS) residents. The findings include: An interview with the Owner/Administrator on [redacted] at approximately 12:15 P.M. revealed that his designated LNS Supervisor was a licensed practical nurse. He confirmed that he had not employed nor contracted with a registered nurse for the completion of monthly nursing assessments for potential LNS residents. When asked, the Owner/Administrator stated that he was unaware that a registered nurse was required to complete or oversee completion of the nursing monthly assessments for LNS residents. Class III	AN277		
AN278	58A-5.031(3) FAC LNS - Records (3) RECORDS. (a) A record of all residents receiving limited nursing services under this license and the type of service provided, shall be maintained. (b) Nursing progress notes shall be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly shall be maintained on each resident who receives a limited nursing service. This Statute or Rule is not met as evidenced by:	AN278		

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AN278	Continued From page 2 Based on staff interview, the Assisted Living facility (ALF) failed to produce a record/log form to be used for all potential residents receiving Limited Nursing Services (LNS) under the LNS license to include the type of service provided. The facility failed to produce a progress note form to be used and maintained for all potential residents receiving LNS. The facility failed to produce a nursing assessment form to be used for monthly nursing assessments of each potential resident who receives LNS. The findings include: An interview with the Owner/Administrator on ____, at approximately 12:15 P.M. revealed that he had no records/forms set up for use with potential LNS residents. He could not produce a record/log form, a nursing progress note form, or a monthly nursing assessment form which he intended for use with potential LNS residents. He stated that he would ensure that he obtained those forms. Class III	AN278		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Bradford Homeliving, LLC
2335 Soutel Drive
Jacksonville, FL 32208

Dear Administrator:

This letter reports the findings of a state licensure initial Limited Nursing Services survey that was conducted on . 2013 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 **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 surveyor. Should you have any questions please call this office at

Sincerely,

Keisha Woods

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

JV/KW/sm
Enclosure

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