STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964515	07/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clare Bridge Of Ormond Beach	240 Interchange Blvd Ormond Beach, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services visit was conducted on , 2013.

Claire Bridge of Ormond Beach had licensure deficiencies found at the time of the visit.

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on observation, record review, and staff interview, the facility failed to provide 24 hours/ 7 days a week nursing services for a resident on Limited Nursing Services (LNS), Resident #1, 1 of 2 residents receiving LNS.

The findings include:

On at 10:30 a.m., Resident #1 was observed sitting in her wheelchair and had continuous in place at 3 pm. The Resident was and unable to hold a conversation. Review of the clinical record revealed a physician order, dated for 3 liters per minute by nasal cannula continuously. The Resident's Health Assessment on revealed the resident needed assistance with medication administration.

The Health Wellness Director (HWD) was interviewed on at 11 p.m. She stated that Resident #1 was receiving LNS for her continuous use. They had a nurse daily to provide these services except two days a week on the night shift (10 pm-6 am). She stated that if the resident needed help with and there was not a nurse present, the nursing assistant would have helped her.

Review of the weekly staffing pattern for the facility from 23- 2013 revealed two days when there was not a nurse on staff to provide care to Resident #1 , on and

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

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

Dear Administrator:

This letter reports the findings of a state licensure Limited Nursing survey that was conducted on . 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054