STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964646	08/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clare Bridge Of Jackso	10050 Old St. Road Jacksonville, FL 32257	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - N276 - 58a-5.031(1) Fac - Lns - Nursing Services S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services and Extended Congregate Care monitoring survey was conducted at Clare Bridge of Jacksonville in Jacksonville, Florida on 2013. Deficiencies were identified as a result of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview, the facility failed to ensure that staff submitted a statement from a health care provider within 30 days of employment documenting that they did not have any signs or symptoms of a communicable including for 1 of 3 sampled employees. (Employee F)

The findings include:

A review of Employee F's personnel file on revealed that Employee F was hired on but there was no documentation from Employee F's health care provider that Employee F was free from communicable

An interview with the Health and Wellness Director on at approximately 3:30 PM revealed that she was unable to locate the documentation related to freedom from communicable in Employee F's personnel file. She said that she would address the issue immediately.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and staff interview, the facility failed to ensure that direct care staff received at least one hour of training in the facility's policies and procedures regarding within 30 days after employment for 1 of 3 sampled employees. (Employee G)

The findings include:

A review of Employee G's personnel file on revealed that Employee G was hired on but had no documented completion of training.

An interview with the Health and Wellness Director on at approximately 3:30 PM revealed that she was unable to locate Employee G's training. The Health and Wellness Director said that she would address the issue immediately.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11984648	08/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clare Bridge Of Jackso	10050 Old St. Road Jacksonville, FL 32257	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

N276-LNS - Nursing Services 58A-5.031(1) FAC
Based on observation, staff interview and resident interview, the facility failed to ensure that a licensed nurse assisted, applied, cared for and monitored the application of deterrent hose for 1 of 4 sampled residents. (Resident # 4)

The findings include:

An observation of Resident #4 and Employee D on at approximately 1:00 PM in a common area revealed the following: Employee D was overheard telling Resident #4 that she needed to put the stockings on her (Resident #4).

An interview with Employee D on at approximately 1:15 PM revealed the following: When asked who applied Resident # 4 ' s hose, Employee D replied, " I put her hose on in the mornings. She complained today that they were too tight, so I didn ' t put them on her today. "

An interview with Resident # 4 on at approximately 2:45 PM revealed that the resident ' s caregiver, not the licensed nurse applied Resident #4 ' s hose. When Resident #4 was asked who applied her hose, she replied, " The aide does. "

An interview with the Health and Wellness Director on at approximately 3:30 PM revealed that she was unaware that Employee D was assisting with the application of hose for Resident #4. The Health and Wellness Director stated that this was not facility practice, and that she would address it immediately.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Clare Bridge of Jacksonville
10050 Old St. Road
Jacksonville, FL 32257

Dear Administrator:

This letter reports the findings of a state licensure Limited Nursing Services and Extended Congregate Care 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

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

KW/sm
Enclosure

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