AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Bridgewater (The)
500 Waterman Avenue
Mount Dora, FL 32757

Dear Administrator:

Re: CCR #2013006338 & 2013008030

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

Enclosed 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 (386) 462-6201.

Sincerely,

Kriste Burgin for

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912099	09/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bridgewater (the)	500 Waterman Avenue Mount Dora, FL 32757	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

REVISED

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments

On , 2013 an unannounced survey for Extended Congregate Care (ECC) in conjunction with compliance survey for complaints,CCR#2013006338 and CCR#2013008030 was conducted at Bridgewater @ Waterman Village Assisted Living Facility located in Mount Dora, Florida. Deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on resident record review and interview the facility failed to ensure that (#1) of 4 residents in the sample were supervised on a daily basis that the facility was aware of her whereabouts and to prevent with injuries.

Findings:

1. Review of resident #1 medical record revealed that the resident moved into the facility on . Review of the AHCA Form 1823 dated revealed that the resident was readmitted with a medical history and diagnosis of small , history of and a recent to her right lower leg. The resident has decreased cognition abilities-Long term memory: needs reminders and verbal queuing; she needed assistance with supervision of ambulation and assistance with transfers.

Review of the resident's medical record revealed that on at 7:00 AM, that the resident was was observed by a Certified Nursing Assistant (CNA) to be lying outside on the ground, her walker found turned upside down on the roots of a tree near the door, and she was lying face down approximately 20 feet away from her walker on a downward sloping hill. She had a large to her right lower leg, and complained of some pain to her back. Emergency Medical Services was called immediately, resident #1 was sent via stretcher to hospital for evaluation. The Medical Director and the family were notified.

Review of the Daily Floor Sheet which the CNA's are to document all residents every two hours did not reveal that this CNA (TS) assigned to Resident #1 was done or documented that she was in her apartment. Review of this incident reported to the Administrator revealed that CNA (LG) stated that the CNA (TS) stated that resident #1 was not in her and that she thought she was with her family, and interview on with CNA (LG) confirmed this statement, and she also stated that she did not hear any alarms go out from any of the exit doors.

During the interview and observation of the area exited by resident #1 with the resident care director on she stated that the resident must have exited the door on the first floor sometime during the night, stumbled

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912099	09/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bridgewater (the)	500 Waterman Avenue Mount Dora, FL 32757	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

using her walker on the tree roots after leaving the cement outside the door, and rolled down the slope 20 feet, and slept there through the night. As she explained, no one had checked on her throughout the night every 2 hours, and the door alarms did not function to alert staff that she had exited.

Interview on at 9:00 AM with the Resident Care Director stated that resident #1 was still on the property of the Assisted Living Facility, although she was not supervised. And she demonstrated where resident #1 was found, 20 feet from the exit door 6 foot by 6 foot concrete on slightly scooped grass area, on the property grounds.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Review of the medical record, medication observation record (MOR), and interview, revealed that the facility failed to ensure that a medication was filled in a timely manner for 3 (Resident #1, #4, and #5) of 7 sampled residents.

Findings:

1. Review of resident #1's medical record revealed that she had a physician order written on to receive 10 milligrams (mg.) twice a day at 10:00 AM and 5:00 PM. Review of the Medication Observation Record (MOR) dated for Resident #1 revealed that the resident did not receive this physician order of 10 mg twice a day at 10:00 AM and 5:00 PM on as it was not available at 10:00 AM and 5:00 PM, and documented on the back of the MOR, Code 2, which means that the medication is unavailable.
Review of resident #1's medical record revealed that she had a physician order written on to receive 10 MEQ once a day at 8:00 AM. Review of the Medication Observation Record for (MOR) dated for Resident #1 revealed that the resident did not receive this physician order of 10 MEQ once a day at 8:00 AM on , as it was not available, and documented on the back of the MOR, Code 2, which means that the medication is unavailable.
Further review of the medical record for resident #1 revealed that she had a physician order written on to receive Amlactin lotion to be applied to the affected area once a day at 8:00 AM. Review of the Medication Observation Record for (MOR) dated for Resident #1 revealed that the resident did not receive this physician order of Amlactin lotion applied once a day at 8:00 AM for 13 days from to , as it was not available, and documented on the back of the MOR, Code 2, which means that the medication is unavailable.

2. Review of resident #4's medical record revealed that she had a physician order to receive 10 milligrams (mg.) twice a day at 8:00 AM and 8:00 PM. Review of the Medication Observation Record (MOR) dated for Resident #4 revealed that the resident did not receive this physician ordered 10 mg twice a day at 10:00 AM and 5:00 PM on as it was not available at 8:00 AM, and documented on the back of the MOR, Code 2, which means that the medication is unavailable.

3. Review of resident #5's medical record revealed that she had a physician order written on to receive 100 mg once a day at 8:00 PM. Review of the Medication Observation Record for (MOR) dated for Resident #4 revealed that the resident did not receive this physician order of 100

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912099	**09/09/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bridgewater (the)	**500 Waterman Avenue Mount Dora, FL 32757**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

mg once a day at 8:00 AM on as it was not available, and documented on the back of the MOR, Code 2, which means that the medication is unavailable.

Interview on at 10:30 AM with the Resident Care Director confirmed that these medications had been omitted and not given to these residents, since they were not available.

Class III