STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965405	10/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clare Bridge Of Cape Coral	911 Santa Barbara Blvd Cape Coral, FL 33991	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:
This is the report for an unannounced Biennial and Limited Nursing Service (LNS) survey at Clarebridge of Cape Coral, an Assisted Living Facility (ALF), conducted on . . through . . . . . .

The following is a description of non-compliance:

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on a review of residents receiving hospice care and interview with administrative staff, the facility failed to ensure there was an interdisciplinary care plan between hospice and the Assisted Living Facility (ALF) for 1 (Resident #10) of 1 resident reviewed.

The findings include:

The facility has present in the record of Resident #10, a hospice care plan dated . . . . . This care plan does not show involvement and coordination with the ALF. A review of the documentation in the plan of care identified several issues. When the issues were reviewed, it could not be seen what the expectations for the ALF to provide.

The problems identified for this resident are as follows: Aide task list: this is the care the hospice aide is to provide. There is no mention what type of ADL care the ALF is perform in this problem.

Alteration comfort r/t (related to) pain: under interventions there is no mention of the ALF involvement in this care other than to teach administration of medications of Bacofen and . . I for muscle , pain.

Alteration in function under interventions there is no mention of the ALF involvement.

Alteration in mobility: the only mention related to this problem was the ALF staff was to provide transfers times 2 people assist and care for contracted joints by providing support during transfer. There was no documentation about exactly what this expectation entails for the ALF.

Alteration in nutrition: the only statement about the ALF includes to stop feeding the resident if there is choking/coughing present and to report to hospice SN (Skilled Nurse). There were no interventions the ALF was to perform during feeding this patient to reduce the potential for coughing/choking during the eating process.

Alteration in Elimination: has no documented intervention by the ALF

Alteration in safety related to . . . I risk: This is the only problem that show involvement with the ALF staff. There are collaboration related . . . I risks, use of a hospital bed in the lowest position and the use of floor mats for this patient.

Anticipatory grief the next problem has no ALF involvement in it.

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Need for spiritual care facilitator/support has one intervention related to the ALF staff which states "Collaborate with staff in facilities re: spiritual care enhancing and expanding patient's experience of care via coordinated and collaborated delivery of services of care." This does not specify what the ALF staff is supposed to do to provide this intervention to the resident.

The last 2 problems related to volunteer and massage neither mentions the ALF interventions associated with these problems. It is not clear what care the ALF is to provide to promote response to the issues identified for the patient/resident.

During an interview at 11:50 a.m. on the hospice nurse for this resident stated she had never heard the term collaborative care plan between hospice and the ALF. She stated she communicates with the ALF all of the time, but agreed the care plan does not show what the hospice's expectation for care from the ALF.

During an interview on at 12:00 p.m. the Health and Wellness Director indicated agreement that the plan as given to the ALF does not specify what the ALF is to do and what the hospice is to do for care for this resident.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation during the mediation pass, review of resident records and interview with administrative staff, the facility failed to ensure the medications were administered in accordance with the special instructions for 2 (Residents #11 and #12) of 3 resident medications reviewed.

The findings include:

1. Resident #12 receives Sucrafate 1 gram 4 times a day. It is scheduled on the Medication Observation Record (MOR) as 9:00 a.m., 1:00 p.m., 5:00 p.m., and 9:00 p.m. The special instructions written on the MOR states the medication is to be taken 4 times a day before meals. Observation during the medication pass for this resident revealed all of the medications were given to the resident together, and would have been after breakfast if the resident had eaten that day. The medication is used to coat the stomach lining and reduce symptoms and should be taken on an empty stomach.

2. Resident #11 had on the MOR 50 mg tablet 1 every 8 hours. It was scheduled on the MOR at 9:00 a.m., 2:00 p.m., and 8:00 p.m. This was not the every 8 hours ordered by the physician. This resident also receives Levothyroxin 75 mcg with instructions it is to be taken every morning before breakfast. It is scheduled on the MOR for 9:00 a.m. This normally would be after the resident's breakfast. During observation on at approximately 9:15 a.m. the resident was given all of the medications ordered for that time of day including the Levothyroxin.

3. During an interview on at 1:30 p.m. the nurse passing medications (Employee D) indicated that Resident #11 will only take medication when the resident wants to. She had no explanation for why the MOR did not reflect the times for medications to be taken on an empty stomach. She also had no explanation for the reason the was not schedule every 8 hours apart.

During an interview on at 1:45 p.m. the Health and Wellness direct stated she was unaware the MOR did

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not reflect empty stomach times and did not have the ..... scheduled every 8 hours as ordered. She stated she would discuss this with the pharmacy.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Clare Bridge Of Cape Coral
911 Santa Barbara Blvd
Cape Coral, FL 33991

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372