STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965283	10/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clare Bridge Of Vero Beach	420 4th Court Vero Beach, FL 32962	
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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility standard licensure survey with limited nursing services (LNS) was conducted on Clare Bridge of Vero Beach, had licensure deficiencies identified at the time of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff B) had freedom from documented on an annual basis.

The findings include:

The file for Staff B was reviewed for freedom from documented on an annual basis. There was no documentation of this dated within the previous year. The Administrator was interviewed at approximately 2 PM on and acknowledged that the documentation was not present and available for review.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff members (Staff C) who provide direct care to residents had not received within 30 days of employment a minimum of 1 hour in-service training in reporting incidents and the facility's emergency procedures, including chain of command and staff roles relating to emergency evacuation; 1 hour in-service training

in residents' rights and reporting neglect and and 3 hours of in-service training in activities of daily living, including resident behavior and needs.

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The findings include:

Review of the personnel file for Staff C who was hired on [redacted] and provides direct care to residents revealed there was no documentation of the aforementioned training. The administrator was interviewed at approximately 2 PM on [redacted] and acknowledged that the documentation was not present and available for review.

Class III

0082-Training - [redacted] 58A-5.0191(3) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff C) had obtained training in [redacted] within 30 days of employment.

The findings include:

The file for Staff C (hired [redacted] was reviewed for documentation of training in [redacted] within 30 days of employment. There was no documentation of training in [redacted] available for review. The administrator was interviewed at approximately 2 pm on [redacted] and acknowledged that the documentation was not present and available for review.

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on documentation review and interview, the facility failed to ensure that an executed contract was in place prior to or on admission for 1 out of 1 resident reviewed for contracts, (Resident #1).

The findings include:

Review of Resident #1's file revealed an admission of [redacted] Review of the resident agreement with the facility revealed it was executed on [redacted] and signed by the Power of Attorney (POA). The contract was briefly reviewed with the administrative staff / resident care coordinator who made no comment.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Clare Bridge Of Vero Beach
420 4th Court
Vero Beach, FL 32962

Dear Administrator:

This letter reports the findings of a state licensure 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(s). Should you have any questions please call this office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure
XG90

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924