| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964559 | 10/16/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Clare Bridge Of Venice | 1200 Avenida Del Circo Venice, FL 34285 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

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

**Specific Tag Findings:**
An unannounced Limited Nursing Service (LNS) survey was conducted on . . . at Clare Bridge, an Assisted Living Facility (ALF) located in Venice, Florida.

The following is a description of non-compliance:

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on record and policy review, observation and interview the facility failed to ensure qualified staff provided Limited Nursing Services (LNS) for 6 (Residents #1, #2, #3, #4, #5, and #6) out of 6 LNS residents sampled.

The findings included:

A record review for Residents #1, #2, #3, #4, #5, and #6 confirmed a physician order requiring Limited Nursing Services for the application of . . . hose. Each resident is to have the . . . hose put on in the morning and removed in the evening by a licensed professional.

An observation on . . . of Residents #1, #2, #3, #4, #5, and #6 with the Health & Wellness Director, confirmed each resident had on the prescribed . . . hose.

During an interview on . . . at 4:00 p.m. with Staff A he stated, "I have assignment #2, with Resident # 6 I help him take off his stockings before he goes to bed. With Resident #4 I take his stockings off when he is ready to go to bed, that is easy to do, They, the staff usually put the stockings on in the morning. When I take them off in the evening I hand wash them in the sink, with the soap , with bar soap, we hang them on the bar rail to dry. I take Resident #2's stocking off on the one leg, right leg and do the same thing for her, I wash it with the bar soap in the . . . I hang it on the rail to dry. There have been a couple of occasions where I have had to put them on where the residents has taken them off. It's kinda like a sock so you stretch it and fold up. No, I haven't gotten any special training or instructions, just where I thought about it and proper thought about how to do it."

During an interview on . . . at 4:15 p.m. with Staff B, she stated, "I have Resident # 5 and Resident #1 tonight on my assignment. With Resident . . . know 11-7 put it . . . hose) on and I have to take it off at night. Resident #1, the same thing with him, he ask you to take it off, he will call you to take it off. I wash it in the . . . the soap, then you just put it over the bar. I am working at the nursing home and at the hospital, I have almost 15 years with my license so I know how to do it. The nurse don't tell me that, I know I have to do it at night. She knows that it off, because then she go to the . . . . check. After, she don't tell me nothing."

During an interview on . . . . . at 4:30 p.m. with Staff C he stated, "Resident #3 is on my assignment and she has on . . . hose. I do help her take off the . . . hose, I haven't had to help put them on. When I take them off I rinse in the . . . water and hang on the bar in her shower stall. I let the nurse know, usually when we give report. I am usually of my residents with the . . . hose so I know to tell the the nurse that. Sometimes the nurse will remind us, but not with Resident #3. We work a month straight on a assignment so we are very familiar with that assignment so I think that is a good thing. So we know who has the . . . hose and the nurse doesn't need to

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remind us. I have seen some of the nurses put them on but not take them off. I haven't gotten any special instruction or training on taking them off. I learned it in my CNA course and in my clinicals."

During an interview on at 4:40 p.m. with Staff D, she stated, "Some of the CNAs take them off and some I take off. There are some that aren't as trained as others as far as the RAs. Tonight , Staff C is CNA, Staff A is a , Staff B, I am not sure. If Staff A felt uncomfortable I would do it, but some of them have done it for so long. Now, after they are all off, I do check them for hose is an LNS service."

During an interview on at 4:45 p.m. the Director of Health and Wellness stated, "we hire RAs and some of them are CNAs, that's fine but we don't require it. There is no distinction when it comes to the job description. There is nothing in the job description about taking off hose. hose is part of LNS service. If a physician orders hose for a resident the automatically go on LNS. That would mean they are charted on for the hose to be put on in the morning and off in the evening and checked for by the nurse. It would be the nurse putting the hose in the morning and taking it off at night. I think a CNA can take it but it is up to the nurse to assess for . The shouldn't be taking it off at night it should only be the CNA or the nurse. I thought a CNA was allowed to."

During an interview on at 4:55 p.m. the Interim Executive Director stated, hose is a LNS service and only a nurse can put on and remove hose. The or CNA cannot put on or remove the hose."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Clare Bridge Of Venice
1200 Avenida Del Circo
Venice, FL 34285

Dear Administrator:

This letter reports the findings of a Limited Nursing Service (LNS) 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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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