STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968414	11/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bradford Homeliving Llc	2335 Soutel Dr Jacksonville, FL 32208

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0031 - 58a-5.0182(7) Fac - Resident Care - Third Party Services S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey, CCR# 2013011348, was conducted at Bradford Homeliving, LLC in Jacksonville, Florida on 2013. Licensure deficiencies were identified at the time of the survey.

0007-Admissions - Criteria 58A-5.0181(1) FAC
Based on interview and record review, the facility failed to ensure that a resident met the minimum admission criteria (specifically related to the resident's requirement of 24-hour nursing supervision) prior to their admission to the facility for 1 of 3 sampled residents. (Resident #1)

The findings include:

A review of Resident #1's health assessment (AHCA Form 1823) dated and signed by a physician on revealed that Resident #1 required 24-hour nursing supervision, and that he required medication administration by a licensed nurse via his tube (G-tube).

An interview with Employee A on at 11:10 AM revealed the following: When asked whether he had licensed staff employed in the facility, Employee A stated that his wife was a licensed practical nurse, but that she was attending classes during the day, so she didn't arrive at the facility until mid-afternoon. When asked whether he had any other licensed staff, he replied that he did not. He said that he had a contract nurse who assisted with residents who were receiving limited nursing services. When asked whether Resident #1 was receiving limited nursing services, Employee A replied that he was not.

Class III

0031-Resident Care - Third Party Services 58A-5.0182(7) FAC
Based on interview and record review, the facility failed to provide the resident with the facility's policy regarding the provision of services to residents by non-facility staff for 1 (Resident #1) of 1 sampled residents receiving third-party services.

The findings include:

A review of the facility policies and procedures revealed that there was no policy and procedure for third party services available for review.

An interview with the owner/administrator on at approximately 11:35 AM confirmed that there was no policy and procedure for third party services. When the regulation was explained to the owner/administrator, he replied that it " didn ' t sound familiar " . When asked how he coordinated with the home health care company related to Resident #1's care, he replied that he spoke with the nurse and the speech when they came

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in.

An interview with the home health care nurse on at 2:30 PM revealed that she was " about to sign off " on Resident #1 for nursing services. She said that she was mainly coming out for the tube, and that the tube was going to be discontinued.

A review of the Speech evaluation for Resident #1 which was signed and dated by the home health care speech on revealed that the home health speech had been to the facility to evaluate Resident #1 on 2013.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on record review and interview, the facility failed to ensure that a licensed staff member was available to administer medications in accordance with a health care provider's order for 1 of 3 sampled residents. (Resident #1)

The findings include:

A review of Resident #1's health assessment (AHCA Form 1823) dated and signed by a physician on revealed that Resident #1 required medication administration by a licensed nurse via his tube (G-tube).

A review of Resident #1's medication observation record (MOR) for 2013 revealed that he was receiving all of his medications orally.

An interview with Employee A on at 11:10 AM revealed the following: When asked whether he had licensed staff employed in the facility, Employee A stated that his wife was a licensed practical nurse, but that she was attending classes during the day, so she didn't arrive at the facility until mid-afternoon. When asked whether he had any other licensed staff, he replied that he did not. He said that he had a contract nurse who assisted with residents who were receiving limited nursing services. When asked whether Resident #1 was receiving limited nursing services, Employee A replied that he was not.

An interview with Employee A on at 11:42 AM revealed that Resident #1 was receiving all of his medications orally. When Resident #1's health assessment dated was reviewed with Employee A related to the medications which were ordered via tube (G-tube), Employee A stated that Resident #1 was able to take his medication orally. When asked for the order indicating that Resident #1 was to receive medications orally, Employee A was unable to produce one.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Bradford Homeliving, LLC
2335 Soutel Drive
Jacksonville, FL 32208

Re: CCR #2013011348

Dear Administrator:

This letter reports the findings of a state licensure complaint 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 **2014** 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, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/KW/sm
Enclosure

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

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054