STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	01/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clare Bridge Of West Melbourne	7199 Greenboro Dr Melbourne, FL 32904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An Unannounced Abbreviated Re-licensure Survey including Limited Nursing Services was conducted on .

Clare Bridge of West Melbourne Assisted Living Facility had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 6 staff (C) had a statement from her health care provider documenting freedom from communicable

Findings:

Personnel record review for Staff C hired on revealed a freedom statement from the health care provider that was dated . Further Personnel record review revealed that there was no documentation to confirm that she was free from communicable

During an interview with the administrator on at approximately 4 PM she stated Staff C did not have a statement in her file from her health care provider confirming that she was free from Communicable as required.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on personnel record review and interview the facility failed to have evidence that a staff member who held a currently valid card that documented the completion courses in First Aid and was in the facility at all times.

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Findings:

Review of the staff Schedule for the weeks of ..... and ..... through ..... revealed the same three staff normally rotated and worked on the 10 PM-6 AM shift. Two staff would work per shift.

Personnel record review for staff B documented she worked the10 PM-6 AM shift for the day of the survey. However, there was no documentation to confirm that she had completed a course in First Aid and .....

The administrator was asked to provide documentation that there was one staff that would work the 10 PM-6 AM shift the day of the survey that had completed courses in First Aid and ..... and was current.

In an interview with the Administrator on ..... at approximately 3:30 PM she checked their personnel folders and the note book that contained copies of all of the staff's First Aid and ..... Cards and could not locate documentation to confirm that any of the three staff that worked the 10 PM-6 AM Shift, had a current First Aid and ..... Card. She stated that Staff F card had just expired. She provided a copy for Staff F Card and it was for only, the card had expired in .....

There was no evidence available for review that any of the staff that worked the 10 PM-6 AM shift had the First Aid course. And the only evidence available for review for the ..... was for Staff F that had expired.
The administrator stated at the time that she believed that the staff had the training and the facility did not have the documentation.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on menu review, observations and interviews the facility failed to ensure that the menu was planned at least one week in advance for the menus that were to be served and to have substitutions with items of comparable nutritional value.

Findings:

Observations during lunch on ..... at approximately 12 PM revealed that the following was served:

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Baked Fish, Broccoli, Mash Potatoes and Frosted Cake.

Review of the menu that was prepared by the Dietitian revealed it noted the residents were to be served for lunch: Mixed Greens Mediterranean Salad, Pecan Crusted Fish, Baked Sweet Potatoes, Steamed Broccoli and Marble Cake.

During an interview on at 12:30 PM with the Dietary Staff that was assisting because the Dietary manager for the facility was off, she stated that there was not enough sweet potatoes available at the facility for all of the resident and mash potatoes were served, she further explained that there was no produce available to prepare the Mixed Green Mediterranean Salad because they had not received their delivery. The Dietary staff was asked to show the food that was available to be served for dinner. She observed the menu and provided all of the food with the exception of the Cream of Spinach soup.

During an interview with the cook on at approximately 12:45 PM, he confirmed that there were not enough sweet potatoes for all of the residents, nor was there produce to make the salad. He stated that there was no Cream of Spinach soup, because there was no Spinach at the facility, he stated that he was preparing cream of cabbage instead. The Dietary staff was informed that there was no substitution served to the residents for the salad. The Dietary staff stated at the time that there should have been a substitution served and was not.

The facility had not planned the meal at least one week in advance as required and did not serve a substitution for the Salad as required.

During an interview with the Administrator on at approximately 4 PM, she stated if the dietary staff had made her aware that the items to be prepared for lunch and dinner were not available at the facility they could have went out and purchased them.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Clare Bridge Of West Melbourne
7199 Greenboro Dr
Melbourne, FL 32904

Dear Administrator:

Re: Abbreviated biennial w/LNS

This letter reports the findings of a state licensure survey that was conducted on , 2014 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 , **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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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