STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964559	12/16/2013
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)		

Revisit Corrected Tags:
N277-Lns - Resident Care Standards-12/16/2013

Revisit New Tags:
0054-Medication - Records-58a-5.0185(5) Fac

Specific Tag Findings:
An unannounced follow-up to a Limited Nursing Service (LNS) survey was conducted on 12/16/13 at Clare Bridge an Assisted Living Facility (ALF) located in Venice, Florida.

The facility corrected a deficiency at N277 but received a citation at N0054 during the follow-up.

The following is a description of non-compliance:

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review, observation and interview, the facility failed to follow physician orders for 4 (Residents #1, #3, #5 and #7) of 5 sampled residents.

The findings included:

A record review on [redacted] of the Limited Nursing Service (LNS) Log indicated there were 5 residents to have [redacted] hose applied.

A record review on [redacted] of Residents #1, #3, #5 and #7's physician orders confirmed they were to have [redacted] hose applied in the morning and removed in the evening.

A record review on [redacted] of Residents #1, #3, #5 and #7's Medication Administration Record documented they had their [redacted] hose applied by the 7-3 nurse. There was no notation on the back of this or any MAR of any reason why the [redacted] hose would not have been applied and the finding was confirmed by the Health & Wellness Director.

An observation on [redacted] was made of Residents #1, #3, #5 and #7 revealed they were not wearing their [redacted] hose and was confirmed by the facility Executive Director and the Health & Wellness Director.

During an interview on [redacted] at 4:30 p.m. with Employee D she stated, "I work in the evening shift so I take them off. The CNAs on this shift don't take care of the [redacted] hose. I just came on so I am not sure yet as to which residents have them on or off. If they are put on in the morning, sometimes the residents themselves take them off. The residents that have them aren't able to take them off. I know one of the residents, Resident #3 is often resistant so she sometimes won't have hers on. I would be surprised if you told me that out of 5 people assigned to have it on and only 1 person actually has it on."

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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) Revisit Survey conducted on [redacted] 16, 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than [redacted] 2014.**

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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