STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953408	04/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clare Bridge Of Bradenton	6101 Pointe West Blvd Bradenton, FL 34209	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced limited nursing services (LNS) monitoring visit was conducted on .

The Clare Bridge of Bradenton, assisted living facility, had a deficiency at the time of the visit.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and interviews, the facility failed to file an adverse incident report within one business day for 2 (Residents #1 and #3) of 2 sampled residents in a memory care facility.

Findings include:

Interview with Staff A, the health and wellness director on at approximately 4:00 p.m. revealed that Resident #1 had been worried that someone would come into his . He believed someone was breaking into the door. He was seen hitting Resident #3 with a shoe. Resident #3 had some facial and was sent to the hospital. She came back that same evening. Staff A did not believe an adverse incident report had been submitted.

Review of Resident #3's resident log dated indicated that the resident had gotten hit by a shoe by another resident (Resident #1) at approximately 9:00pm. A resident aide told the note writer that she was looking for Resident #3 to get her ready for bed and found her in a flat on the floor next to the bed with her head up against the wall. Resident #1 was standing over the resident and hitting her on the head with her own sneaker. The took the shoe away from Resident #1 and called for help. Resident #1 told another that "she (Resident #3) is not supposed to be in here" when the asked him why he hit Resident #3. The took Resident #1 to his he went back to bed. Resident #3 was noted to have a large area of and on her left forehead and scalp and left hand. Resident #3 was sent to the emergency evaluation.

Interview with the executive director and Staff A on at approximately 5:05 p.m. revealed that they were not aware that an adverse incident report needed to be filed.

Class III

AHCA
FLORIDA AGENCY FO... EALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Clare Bridge of Bradenton
6101 Pointe West Blvd
Bradenton, FL 34209

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been pla ' 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
FOR Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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