STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964856	07/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clare Bridge Of Tequesta	211 Village Blvd Tequesta, FL 33469	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on [redacted] at Claire Bridge of Tequesta. The facility had deficiencies found at the time of the visit.

This survey was conducted in conjunction with the licensure complaint survey (CCR#2014005237) and the follow-up survey to CCR#2014004497 on the same date. Please refer to separate report for findings.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, interview and record review, it was determined the facility failed to ensure that the appropriate techniques were utilized per 429.256 F.S. when unlicensed staff provide assistance with the self-administration of medications, for 4 of 4 residents observed during medication observation with unlicensed staff (Residents #2, #5, #,6 and #16).

The findings include:

During medication observations conducted with Employee A, on [redacted] beginning at approximately 8:25 AM - 9:20 AM, there were concerns related to failure to utilize acceptable techniques while providing assistance with the self administration of medications. During the entire medication observation Employee A was not observed to wash or sanitize hands before, during, or after resident contact. She was observed physically assisting Residents #2, #5, #6 and #16 with getting the small plastic cup of pills to their mouth and drink and steadying their hands with the cup of water as well. Employee A wheeled each resident into the Wellness Center where they received their medications (therefore handling their medical equipment as well). Employee A was also observed to initial the MOR (Medication Observation Record) for each of these residents prior to providing them with and the residents consuming their medications.

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A review of the facility's policy and procedure entitled "Medication & Treatment - General Guidelines for Medication Administration/Assistance" was conducted with the nurse consultant, on [redacted] beginning at approximately 12:30 PM. The Area Nurse Consultant stated, she had reviewed this policy with Employee A and that the policy does indicate (item #2 on page 1) "appropriate control practices, such as washing hands or using hand sanitizer in between resident medication administration/assistance is required". This policy also indicates (item #25 on page 2) "Documentation of medications administered/assisted should occur promptly after the resident has taken the medication".

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on interview and record review, it was determined the facility failed to ensure all direct care staff received the required in-service trainings within 30 days of date of hire, for 1 of 3 Resident Care Associate files reviewed (Employee B).

The findings include:

During interview and record review conducted with the CNA (Employee F) that was covering for the Human Resources person, who was not working on [redacted] at approximately 12:45 PM; the CNA was provided the opportunity to locate the following training certificates for Employee B (a Resident Care Assistant with a date of hire noted as [redacted]:

a) [redacted] Control -1 hour required
b) [redacted] - 1 hour required
c) Resident Behaviors and ADLs (Activities of Daily Living) - 3 hours required

Employee F was not able to find any training certificates for [redacted] Control or [redacted]. She located a training certificate entitled "Resident Needs and ADL's" for 1.0 hour. She acknowledged she was not aware 3 hours of training in Resident Behaviors and ADLs was required.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Clare Bridge Of Tequesta
211 Village Blvd
Tequesta, FL 33469

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on 2014 and 2014 by a representative from 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 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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